## MEMBERSHIP APPLICATION FORM

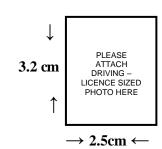


## INSTITUTE OF APPROVED COMPANY SECRETARIES

[199601015175 (387525-X)]

(A Company Limited By Guarantee – Incorporated Under The Companies Act, 1965)

Suite C-19, 1<sup>st</sup> Floor, Plaza Pekeliling No. 2 Jalan Tun Razak, 50400 Kuala Lumpur Tel: 03-40513787/ 03-40510033 Fax: 03-40511133 E-mail: iacsc19@yahoo.com



## **INSTRUCTIONS:**

Please complete the form in **CAPITAL LETTERS** and delete where not applicable. The application will not be accepted if any of the columns is not filled or supporting documents are not attached as required.

				,		
	CATEGORY OF MEMBERSHIP APPLIED FOR (PLEASE TICK [ $\sqrt{\ }$ ]):					
	[ ] ORDINARY	[ ] ASSOCIATE	[ ] GRADUATE	[ ] STUDENT		
1. Fu	ull Name (as per NRIC): _					
2. N	RIC No.:		3. Date of Birth:			
4. G	ender:	5. Nationality:	6. F	Race:		
7. R	esidential Address:					
9. To	el. No. (H):	10. H/P:	11. E-mail:			
	Particulars of Company Section 20G of the Companies Companies			t Malaysia under Section		
	Licence No.:	Date issued:	Rene	ewal date:		
	Particulars of Practising C Companies Act 2016	ertificate issued by the Su	ruhanjaya Syarikat Malay	ysia under Section 241 of the		
I	Practising Certificate No.:	Da	te issued:	_ Renewal date:		
14. /	Academic qualifications (p	please attach copies of rele	evant certified certificates	3)		

16. Membership in	other relevant associations/bodies (p	lease attach copies of relevant certified certificates)
	e:loyed/employed)	Company No:
18. Company Addre	ess:	
19. Nature of Busin	ess:	
20. Designation:		21. E-mail:
22. Tel. No. (O):		23. Fax No. (O):
24. Years of experi	ence in the Company Secretarial Pro	fession: years
25. Please provide	information on relevant working exp	erience:
From T	Name of Organisation	Position
		authorize the Institute to communicate with him/her for
•	the Institute may require regarding	
		Occupation:
Correspondence	e Address:	
Tel. No. (O):_	Fax No.:	E-mail:
		Relationship:
	DECLA	RATION
accepted as a mem Ethics, rules, regul	at the information contained herein ber of the Institute, I undertake to a ations and requirements that are in	is true and correct to the best of my knowledge. If I am abide by the provisions of the Constitution, the Code of force and any amendments or changes thereof by the actising Certificate as it is renewed (applicable for full
Date:		Signature:
* The Council rese	erves the right to approve or reject	this application without assigning any reason.
	FE	SES .
payable to 'INS'	a Cheque/Bank Draft/Money Ordo	er No for RM made pMPANY SECRETARIES' being registration fee

## FOR OFFICE USE ONLY

		Received by:	Checked by:			
		Date rectified by Council:	Date approved/reje			
Rea	asons for rejection:		<del>-</del>			
Me	embership No.:	_ Approved membership category: (	Ordinary/Associate/Gradua	ate/Stud	ent	
			Auth	orised S	Signator	Ŋ
			(Secretary / Member	ership C	Chairma	
		APPLICATION CHECKL	JST			
				<u>Plea</u>	se Tick	
1.	Application form must be	duly completed in CAPITAL LETTE	RS	[	]	
2.	Section 20G of the Comp must be certified by any of	any Secretary Licence issued by CCM upanies Commission of Malaysia Act 20 other Company Secretary or Auditors of (applicable to Ordinary Members only)	001 or	[	]	
3.	The copy of valid Practising Certificate issued by CCM under Section 241 of the Companies Act 2016 must be certified by any other Company Secretary or Auditors or Commissioner for Oaths (applicable to Ordinary Members only)			[	]	
4.	associations/bodies (if ava	es of qualifications or membership in realiable). For Associate, Graduate and Sertificates must be certified by any other additors or Commissioner for Oaths	tudent	]	]	
5.	Two driving licence-size	photographs		[	]	
6.	Photocopy of National Re	gistration Identity Card		[	]	
7.	The registration fee and a	nnual subscription		[	]	
8.	SECRETARIES'. Paymo	TITUTE OF APPROVED COMPA ent can also be deposited directly or tra anking Account No. 514075431102 was ed or emailed to us.	nsferred	[	]	
		For further information or enquiry, pl	ease contact:			
		Institute of Approved Company Sec [199601015175 (387525-X)] Suite C-19, 1 <sup>st</sup> Floor, Plaza Pekel No.2 Jalan Tun Razak 50400 Kuala Lumpur Tel: 03-40513787/ 03-4051003	liling			
		Fax: 03-40511133 Email: iacsc19@yahoo.com				

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