

INSTITUTE OF APPROVED COMPANY SECRETARIES [199601015175 (387525-X)]

MEMBERS INFORMATION UPDATE FORM 2024

PERSONAL INFORMATION

1. Full Name (as per NRI	(C):	
2. IACS No.: 3	. LS No.:	4. Practicing Certificate No.:
6. Correspondence Addre	ess:	
7. Tel. No.:	8. H/P No:	9. E-mail:
CURRENT EMPLOYM	MENT INFORMATIO	<u>ON</u>
1. Company's Name:		
2. Nature of Business:		3. Position Held:
4. Office Address:		
5. Tel. No. (O):	6. Fax No.:	7. E-mail:
*Please ensure that a copy forwarded to us for updatin	- · ·	ny Secretary License and/or Practicing Certificate is ing System.
Member's signature Date:		

Kindly reply by mail/ fax/ e-mail to: **Institute of Approved Company Secretaries** Suite C19, 1st Floor, Plaza Pekeliling, No. 2, Jalan Tun Razak, 50400 Kuala Lumpur. Fax: 03-4051 1133

E-mail: iacsc19@yahoo.com