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Here

**THE MALAYSIAN INSTITUTE OF
CHARTERED SECRETARIES & ADMINISTRATORS**

Bangunan MAICSA, No. 57 The Boulevard, Mid Valley City,
Lingkaran Syed Putra, 59200 Kuala Lumpur.
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Homepage: http://www.maicsa.org.my

APPLICATION FOR ADMISSION AS AN AFFILIATE

(Please complete ALL SECTIONS in BLOCK LETTERS)

To the Council of MAICSA:

I hereby apply for admission as an affiliate of The Malaysian Institute of Chartered Secretaries and Administrators (MAICSA) and if accepted, I hereby undertake to abide by the Rules and Regulations of MAICSA pertaining to the Affiliate Scheme in force from time to time.

I do solemnly and sincerely declare that *(delete as appropriate)* :

- I am not an undischarged bankrupt
- I have not been convicted whether within or outside Malaysia of any offence:-
 - in connection with the promotion, formation or management of a corporation
 - involving fraud or dishonesty punishable on conviction with imprisonment for three months or more or
 - under section 132, 132A or 303 of the Companies Act 1965

I hereby certify that all information given in this application and attached annexure(s), if any, are true and correct to the best of my knowledge.

Signature: Date of Application:

Name: NRIC No.:

(Please state according to your Identity Card)

FEES PAYABLE ON ADMISSION

In support of my application, I enclose herewith a cheque / bank draft* Bank

Branch No. of RM being payment of:-

Admission Fee : RM100.00
 Annual Subscription : RM225.00
 Total : RM325.00

(All cheques/bankdrafts should be made payable to "MAICSA")
(Please include RM 0.50 bank commission for outstation cheques)

**Delete as appropriate*

FOR OFFICE USE ONLY

Date Received: Application Serial No:.....

Checked By: (1)..... (2).....

Receipt No: Date Issued:

Approved / Reject: Date of Admission:

Category Approved: MAICSA Affiliate No:

APPLICANT'S PERSONAL PARTICULARS

Please complete ALL SECTIONS in BLOCK LETTERS and please enclose CERTIFIED COPY of IDENTITY CARD

Name:
(*Mr/Mrs/Miss/Madam/Dr/Dato/Datin/...) (Please state according to your Identity Card)

NRIC No. (New) (Old)

Age: Date of Birth:

Nationality/Race: Sex : M/F

Residential Address:

..... Postcode:

Tel : (H) Mobile: E-Mail:

Mailing Address:

..... Postcode:

CURRENT EMPLOYMENT

Name of Organisation:

Tel : (O) Fax: E-Mail:

Designation:

Organisation Address:

..... Postcode:

Nature of Business of Employer:

If the principal activity of your organisation is business / management services, please indicate the main area of services provided:

- | | |
|---|--|
| <input type="checkbox"/> Company Secretarial | <input type="checkbox"/> Business Advisory |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Data Processing |
| <input type="checkbox"/> Auditing | <input type="checkbox"/> Personnel Management |
| <input type="checkbox"/> Taxation | <input type="checkbox"/> Insolvency |
| <input type="checkbox"/> Management Consultancy | <input type="checkbox"/> IT Management |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Others, please specify: |

EDUCATIONAL HISTORY

FURTHER AND/OR HIGHER EDUCATION (Academic Qualifications)

University / College or other Awarding Body	Certificate, Diploma, Degree Awarded	Year Obtained

MEMBERSHIP OF PROFESSIONAL BODIES

Please state NAME of ASSOCIATION and please enclose CERTIFIED COPY of MEMBERSHIP CERTIFICATE: -

- (i) Name of Association: Membership No.:
- (ii) Name of Association: Membership No.:
- (iii) Name of Association: Membership No.:
- (iv) Name of Association: Membership No.:

**PARTICULARS OF LICENCE ISSUED BY COMPANIES COMMISSION OF MALAYSIA (CCM)
UNDER SECTION 139A(b) COMPANIES ACT 1965**

Please enclose CERTIFIED COPY of licence issued by CCM

Licence No: Date Issued: Expiry Date:

Number of companies you are named as Company Secretary: