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**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:

- I am not an undischarged bankrupt
- I have not been convicted whether in or outside Malaysia of any offence referred to in section 198 of Companies Act 2016;
- I hereby consent to the processing of my personal data for the purposes described in the Personal Data Notice.

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 (as per IC): \_\_\_\_\_ NRIC No.: \_\_\_\_\_

**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/bank drafts should be made payable to "MAICSA")**

***\*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: \_\_\_\_\_

**The Malaysian Institute of Chartered Secretaries & Administrators**

Bangunan MAICSA,  
No. 57 The Boulevard,  
Mid Valley City, Lingkaran Syed Putra,  
59200 Kuala Lumpur.  
Tel: 03-22829276 Fax: 03-22829281

E-mail: [members@maicsa.org.my](mailto:members@maicsa.org.my)

**APPLICANT'S PERSONAL PARTICULARS**

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

Name: \_\_\_\_\_

NRIC No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex : (M/F) \_\_\_\_\_ Nationality/Race: \_\_\_\_\_

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 Support Services | <input type="checkbox"/> Investment Holding                    |
| <input type="checkbox"/> Accounting Management Services       | <input type="checkbox"/> Technology Media & Telecommunications |
| <input type="checkbox"/> Auditing & Taxation Services         | <input type="checkbox"/> Real Estate                           |
| <input type="checkbox"/> Management Consultancy Services      | <input type="checkbox"/> Others, please specify: .....         |
| <input type="checkbox"/> Human Resource Services              |  |

**EDUCATION 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 235(2) (b) COMPANIES ACT 2016**

**Please enclose CERTIFIED COPY of LICENCE issued by CCM**

Licence No: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Number of companies you are named as Company Secretary: \_\_\_\_\_