

STUDENT REGISTRATION FORM

Please return completed form to:

Unit B-13-2,Block B, 13th Floor,Megan Avenue II,Jalan Yap Kwan Seng,50450,Kuala Lumpur

Tel: [+603-2162 8989](tel:+603-21628989) Fax: +603-2162 8990

Email: examination@ctim.org.my or secretariat@ctim.org.my

Closing date for application is on or before 1st September every year.

Please read the enclosed Student Guide for reference.

PERSONAL DETAILS

NAME (MR/MISS/MS): _____
(as state in IC/Passport) *(Please enclose certified true copy of IC/ Passport)*

IDENTITY CARD /PASSPORT NO : _____

DATE OF BIRTH : _____

GENDER : _____

RACE : _____

NATIONALITY : _____

HOME TEL NO : _____

HANDPHONE NO : _____

E – MAIL CONTACT : _____

PREFERRED MAILING ADDRESS : HOME OFFICE

HOME ADDRESS : _____

COMPANY NAME : _____

COMPANY ADDRESS : _____

INDUSTRY : _____

DESIGNATION : _____

COMPANY TEL NO : _____

COMPANY FAX NO : _____

PRINCIPAL ACTIVITY:

TAXATION FINANCIAL MANAGEMENT GENERAL MANAGEMENT

AUDITING MANAGEMENT ACCOUNTING FINANCIAL ACCOUNTING

COMPANY SECRETARIAL OTHER: _____

PREVIOUS REGISTRATION

HAVE YOU REGISTERED WITH THE INSTITUTE BEFORE? (PLEASE TICK ACCORDINGLY)

YES NO

IF YES, PLEASE COMPLETE THE FOLLOWING ENTRY - REGISTRATION DATE: _____

TERMINATION DATE: _____ REGISTRATION NO.: _____

EDUCATION QUALIFICATIONS *(Please enclose certified true copy of Academic Transcripts and Certificates)*

	Date Completed	Certificate / Diploma / Degree Awarded
SPM / EQUIVALENT	: _____	_____
STPM / EQUIVALENT	: _____	_____
ACADEMIC/TERTIARY EDUCATION	: _____	_____
PROFESSIONAL QUALIFICATION	: _____	_____

**To the Council
CHARTERED TAX INSTITUTE OF MALAYSIA**

I hereby certify that the above information is correct and agree to abide by the articles and rules and regulations of the Institute when I am accepted as a student.

I enclose herewith the necessary fees payable

Date: _____ Signature: _____

CHECKLIST

Please complete this form correctly and enclose all the required documents, if applicable, together with the correct fees and photos. Your application will be returned to you for amendment and you may not be accepted in time to sit at the next examination session.

Please ensure that you have read all the instructions carefully and are aware of the closing dates and fees.

PLEASE **DO NOT** ENCLOSE THE ORIGINAL DOCUMENTS.

- Certified true copy of Identity Card
- Certified copy of Academic Transcripts and Certificates in support for your application
- Two passport sized photographs
- Cheque/Money Order/Postal Order /Bank Draft for registration of RM 360.00
(Registration fee : RM180.00 and Annual Subscription fee : RM 180.00) payable to
“CHARTERED TAX INSTITUTE OF MALAYSIA”

For Office Use

Date of application received: _____,

Date of application approved: _____,

Approved by: _____,

Registration Date: _____,

Registration No.: _____,