



CHARTERED TAX INSTITUTE OF MALAYSIA

CTIM PROFESSIONAL EXAMINATION QUESTION & ANSWER BOOKLET ORDER FORM

CHARTERED TAX INSTITUTE OF MALAYSIA (225750-T)

Unit B-13-1, Block B, 13th Floor, Megan Avenue II, No.12, Jalan Yap Kwan Seng, 50450 Kuala Lumpur

Tel: +603-2162 8989 Fax: +603-2162 8990 Email: examination@ctim.org.my

Full Name (Mr./Ms) : _____

Student Registration No. /Membership No: _____

Mailing Address: _____
(Please do not use P.O.Box address)

Contact No: _____ E-mail: _____

Please Tick (✓):

| YEAR | | Level I | | Intermediate Level/ Level II | | Final Level/ Level III | | |
|--------------------------|------|---------------------------|---------------------------|---------------------------------|---------------------------|---------------------------|---------------------------|--|
| | | CTIM Member RM10.00 | Non- Member RM14.00 | CTIM Member RM12.00 | Non- Member RM15.00 | CTIM Member RM15.00 | Non- Member RM22.00 | |
| 2018 | Dec | -- | -- | | | | | |
| | June | -- | -- | | | | | |
| 2017 | Dec | -- | -- | | | | | |
| | June | -- | -- | | | | | |
| 2016 | Dec | -- | -- | | | | | |
| | June | -- | -- | | | | | |
| 2015 | Dec | -- | -- | | | | | |
| | June | -- | -- | | | | | |
| 2014 | Dec | -- | -- | | | | | |
| | June | | | | | | | |
| 2013 | Dec | | | | | | | |
| Total Book Cost : | | | | | | | | |

Hand Collection/ Delivery by Courier (Please Tick (✓)):

| | |
|--|--|
| <input type="checkbox"/> Hand Collected at CTIM office | |
| <input type="checkbox"/> Courier Charges: | |
| West Malaysia RM15 | |
| East Malaysia RM20 | |
| Total Cost : | |

Note: From December 2014 onwards, only Intermediate and Final Level Q & A are available. This is due to the change in examination structure.

Method of Payment (please tick):

Online Payment via JomPAY



Billers Code: 21071
Ref-1: Member Code/Student Code/Name
Ref-2: Mobile Number

JomPAY online at Internet and Mobile Banking with your Current, Savings or Credit Card account

Master/ Visa Credit Card for amount of RM _____

Card No.: _____

Cardholder's Name: _____

Cash for amount RM _____

Cheque No: _____ for amount RM _____

*All cheque payable to 'Chartered Tax Institute of Malaysia'

Expiry Date: _____

Cardholder Signature: _____

FOR OFFICE USE ONLY

| | |
|------------|--|
| Receipt No | |
| Date | |