



**CHARTERED TAX INSTITUTE OF MALAYSIA (225750-T)**

(Incorporated on 1st October 1991 under section 16 (4) of the Companies Act 1965)  
 Unit B-13-2, Block B, 13th Floor, Megan Avenue II, No. 12 Jalan Yap Kwan Seng, 50450 Kuala Lumpur, Malaysia.  
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**APPLICATION TO FELLOWSHIP**

**PERSONAL DETAILS**

Please complete form in BLOCK CAPITAL Letters

**A. MEMBERSHIP NO :** \_\_\_\_\_ **DATE JOINED :** \_\_\_\_\_ **TAX AGENT NO.** \_\_\_\_\_  
 (if applicable)

**B. NAME:** (As per identity card/passport) \_\_\_\_\_

**C. IDENTITY CARD NUMBER:** \_\_\_\_\_ **D. NATIONALITY:** \_\_\_\_\_

**E. RACE:** \_\_\_\_\_ **F. GENDER:** (Please tick ✓)  MALE  FEMALE

**G. DATE OF BIRTH:** \_\_\_\_\_ (date)/\_\_\_\_\_ (month)/ \_\_\_\_\_ (year) **H. AGE:** \_\_\_\_\_

**I. CONTACT DETAILS**  
**MAILING ADDRESS:** \_\_\_\_\_ **RESIDENTIAL ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**STATE/COUNTRY:** \_\_\_\_\_ **STATE/COUNTRY:** \_\_\_\_\_

**TELEPHONE:** HOUSE: \_\_\_\_\_ OFFICE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

**FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

1) Mandatory Criteria	Yes	No	Remarks
	(please Tick ✓)		
a) A member who is a practitioner in direct taxation must have the Section 153 Licence issued by the Ministry of Finance, or	<input type="checkbox"/>	<input type="checkbox"/>	_____
b) A member who is not licensed by the Ministry of finance should meet the number of CPD points set by the Ministry of Finance for Section 153 tax agents	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>2) Demonstrated technical knowledge by:</b>			
a) Publishing articles (eg. tax guardian) or books on taxation	<input type="checkbox"/>	<input type="checkbox"/>	_____
b) Provided tax training within his/her organising or to public	<input type="checkbox"/>	<input type="checkbox"/>	_____
c) Participated as speaker or chairman in tax seminars	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>3) Actively participated in CTIM activities</b>			
a) As Council member, sub committee, committee member, branch chairman or branch committee	<input type="checkbox"/>	<input type="checkbox"/>	_____
b) Any other CTIM activities	<input type="checkbox"/>	<input type="checkbox"/>	_____

(Please provide supporting evidence of any of the above activities that you have participated in)

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE