

**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.  
Tel: +603-2162 8989 Fax: +603-2162 8990 web: www.ctim.org.my e-mail: secretariat@ctim.org.my

**MEMBERSHIP APPLICATION FORM**

**PERSONAL DETAILS**

Please complete form in BLOCK CAPITAL Letters

**A. CATEGORY OF MEMBERSHIP APPLIED FOR:** (Please tick ✓)

ASSOCIATE

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

**J. EMPLOYMENT DETAILS:**

**COMPANY NAME:** \_\_\_\_\_

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

**PRINCIPAL ACTIVITY:**

TAXATION  AUDITING  FINANCIAL MANAGEMENT  
 AUDITING  FINANCIAL ACCOUNTING  GENERAL MANAGEMENT  
 COMPANY SECRETARIAL  MANAGEMENT ACCOUNTING  OTHERS (Please specify) \_\_\_\_\_

**EMPLOYMENT CATEGORY** (Please tick ✓):  INDUSTRY  COMMERCE  PUBLIC SECTOR  PUBLIC PRACTICE \*

\* If you are in public practice, please tick ✓ below:

Taxation  Audits  Insolvency  Others (Please specify): \_\_\_\_\_

I AM (please tick ✓):

AN EMPLOYEE  OPERATING MY OWN PRACTICE

**FOR OFFICE USE ONLY**

Qualification certificates:  Professional  Academic  Others \_\_\_\_\_  
Testimonials \_\_\_\_\_  
Working Experience \_\_\_\_\_  
Statutory Declaration \_\_\_\_\_  
Other Remarks: \_\_\_\_\_

Application No. \_\_\_\_\_  
Identity Card copy \_\_\_\_\_  
Photographs (2) \_\_\_\_\_  
Payment \_\_\_\_\_

**EMPLOYMENT HISTORY AND EXPERIENCE**

**K. DETAILS OF EMPLOYMENT HISTORY AND EXPERIENCE**

Please note that only experience in practice or in employment relating to taxation matters will be considered by the Council. Other non-taxation experience will not be taken into account. Please use a separate sheet if space provided is insufficient. All appointments involving taxation experiences must be confirmed by letter from the employer (including present employer) on company's letterhead specifying the date of commencement and termination, as well as the nature/scope of work.

Organisation	From	To	Position	Nature/Scope of Work

## QUALIFICATIONS

### L. PROFESSIONAL QUALIFICATIONS

Please tick

Qualifications	MIA membership No./ Treasury Authority Ref No./ Practising Certificate No./ Student Registration No.	Date Awarded
a) <input type="checkbox"/> Chartered Accountant of Malaysian Institute of Accountants (with practising certificate and audit license)		
b) <input type="checkbox"/> Chartered Accountant of Malaysian Institute of Accountants (with practising certificate)		
c) <input type="checkbox"/> Chartered Accountant of Malaysian Institute of Accountants (without practising certificate)		
d) <input type="checkbox"/> Licensed Accountant of Malaysian Institute of Accountants		
e) <input type="checkbox"/> Advanced Courses examination conducted by the Inland Revenue Board		
f) <input type="checkbox"/> Approved Tax Agent under section 153 of the Income Tax Act, 1967 (without restriction)		
g) <input type="checkbox"/> In practice or employment as an advocate or solicitor of High Court of Malaya, Sabah and Sarawak		
h) <input type="checkbox"/> Successfully completed the final examinations of the Chartered Tax Institute of Malaysia		
i) <input type="checkbox"/> Custom Officers at Superintendent Level (Grade 41) with 5 years experience		
j) <input type="checkbox"/> Full member of ACCA, CIMA, CPA (with 5 years practical experience in taxation matters)		
k) <input type="checkbox"/> Others: (Please specify) _____ (Please refer to the Institute's website at <a href="http://www.ctim.org.my">www.ctim.org.my</a> for more information on the list of recognised professional bodies)		

### M. ACADEMIC QUALIFICATIONS:

Name & Address of Institutions	Qualifications	Date Awarded

**Note: For section L and M, please enclose a copy of the relevant certificate/license/final examination result slips which are certified true copy by Members of CTIM or CTIM Secretariat**

**DECLARATION**

I undertake that, if admitted as a member of the Institute, I shall be bound by the provisions of the Memorandum & Articles of the Chartered Tax Institute of Malaysia, the rules and by-laws made thereunder, and that I shall conduct myself at all times in a manner compatible with my membership of the Institute and of the profession of accountancy, or the legal profession as the case may be.

I, \_\_\_\_\_  
of \_\_\_\_\_ Identity Card No.: \_\_\_\_\_  
in the State of \_\_\_\_\_ do, solemnly and sincerely declare that the above information is true to the best of my knowledge and belief and I make this solemn declaration conscientiously believing the same to be true.

Subscribed and solemnly declared by abovenamed,  
\_\_\_\_\_  
at \_\_\_\_\_ in the State of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ year 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant  
Before me,

- 1) Member of CTIM, Mem No \_\_\_\_\_
- 2) CTIM Secretariat
- 3) Employer : Designation & Co.Stamp

**APPLICATION REQUIREMENTS**

The completed application form should be submitted together with:

- 1) Identity card (certified true copy) - both sides
- 2) Academic and professional certificates in support of your application (certified true copies)
- 3) Testimonials
- 4) 2 copies of photographs (card/passport size). Please write your name at the back of photo.
- 5) Payment fees (inclusive of gst)

Notes:  
• All copies of certificates or relevant documents must be certified true by either the Commissioner for Oaths or a Member of CTIM  
• All documents and form submitted for consideration will be retained by the Institute

**PAYMENT FEES**

The annual subscription is due by **31 January of each year.**

	ASSOCIATE	FELLOW *
Admission Fee	RM212	-
Annual Subscription	RM212	RM265 **
Upgrading Fee to Fellow		RM318

\* Only Applicants who have been Associate Members of CTIM continuously for not less than five (5) years and have met the required criteria may apply to be Fellows  
\*\* Members, who have paid the associate subscription for the year which he/she is admitted as Fellow, need only to pay an additional RM53

Notes:  
• Cheques will be processed upon approval of membership application

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No	Checked By (Name)	Date	Approved	Not Approved	Interview	Remarks
1st Check						
2nd Check						