

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

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STUDENT REGISTRATION FORM

Closing date for registration is on or before 1st March for June examination or 1st September for December examination every year.

Please read the enclosed Student Guide for reference.

PERSONAL DETAILS				
NAME (MR/MS): (as state in IC/Passport) (Please	e enclose certifie	ed true copy of I	C/ Passport)	
IDENTITY CARD /PASSPORT NO	:			
DATE OF BIRTH	:			
GENDER	:			
RACE	:			
NATIONALITY	:			
HOME TEL NO	:			
HANDPHONE NO	:			
E – MAIL CONTACT	:			
PREFERED MAILING ADDRESS	: П но	OME	OF	FFICE
HOME ADDRESS	:			
COMPANY NAME				
COMPANY ADDRESS	•			
COMI ANT ADDRESS				
INDUSTRY	:			
DESIGNATION	:			
COMPANY TEL NO	:			-
COMPANY FAX NO	:			
PRINCIPAL ACTIVITY	:			
		Date Compl	eted	Certificate / Diploma / Degree Awarded
SPM / EQUIVALENT		:		
STPM / EQUIVALENT		:		
ACADEMIC/TERTIARY EDUCAT	ION	:		
PROFESSIONAL QUALIFICATION	1	:		

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 th	ne necessary fees payable				
Date:	Signature:				
APPLICATION (<u>CHECKLIST</u>				
To avoid errors at please ensure that	nd delay in your application of student membership and tyou:	d examination entry,			
• Complete and s	ctions carefully and be aware of the closing dates and fees. Submit this form correctly with all relevant documents. It the application by post/courier/email. Do not submit original.	nal certificates in the			
The documents req	quired to be submitted with the registration form are:				
☐ Certified true Diploma/Bac ☐ Two passpor ☐ The correct to	te copy of Identity Card tue copy of Academic Certificates and Transcripts (chelor degree/professional qualifications) rt sized photographs fees where applicable (registration fees/annual fees/exempter)	tion fees)*			
giving an	ats are notified that the Institute reserves the right to reject ny reason whatsoever) and that in the event of a rejected M100 will be retained from the registration fee	• • •			
stated as below: 1) CTIM memistated) 2) Commission	locuments are to be duly certified by <u>one</u> of the follows ber - ACTIM/FCTIM (official stamp, name and member of oaths agers (please bring original certificates to CTIM for certificates)	rship no. must be clearly			
For Office Use					
Date of application	received:	FOR OFFICE USE ONLY			
Date of application	approved:	,			
Approved by:,		Receipt No			
Registration Date: _		_, Date			
Registration No.: _		_, [