

CHARTERED TAX INSTITUTE OF MALAYSIA (225750-T)

(Incorporated on 1st October 1991 under section 16 (4) of the Companies Act 1965)
Unit B-13-1, Block B, 13th Floor, Megan Avenue II, No. 12 Jalan Yap Kwan Seng, 50450 Kuala Lumpur, Malaysia.
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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 www.ctim.org.my 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 _____
Name :
- 2) Employer : Designation & Co. Stamp
- 3) Certified by:
 - a) CTIM Secretariat or
 - b) Commissioner for Oaths

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

FEES

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

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

* An Applicants who has been an Associate Member of CTIM continuously for not less than five (5) years and has met the required criteria may apply to be a Fellow member

** An Associate Member, who had paid the subscription for the current year is required to pay an additional RM53 on admission as a Fellow Member

Notes:

- Cheques will be processed upon approval of membership application

FOR OFFICE USE ONLY

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