

## CHARTERED TAX INSTITUTE OF MALAYSIA (225760-T)

UNIT (B 1-5) B-13-1 BLOCK B, 13TH FLOOR, MEGAN AVENUE 11, NO. 12 JLN YAP KWAN SENG 50450 KUALA LUMPUR TEL NO.+ 603-2162 8989 FAX NO. + 603-2162 8990 WEB SITE : www.ctim.org.my email : secretariat@ctim.org.my

## PRACTISING CERTIFICATE APPLICATION FORM

PERSONAL DETAILS :-	
1 NAME :	NRIC :
2 MEMBERSHIP NO :	DATE OF ADMISION :
FIRM/COMPANY NAME :	FIRM/COMPANY NO :
POSITION / DESIGNATION :	
ADDRESS :	
TEL NO : H/P :	EMAIL :
3 TAX AGENT LICENSE NO :	
4 OTHER PROFESSIONAL BODIES :	
5 PROFESSIONAL INDEMNITY INSURANCE (PLEASE	E ATTACH COPY OF CERTIFICATE OF CURRENCY OR POLICY SCHEDULE
NAME OF P.I. INSURER :	POLICY EXPIRY DATE :
I CERTIFY THAT THE ABOVE INFORMATION IS CC	RRECT AND I ENCLOSE HEREWITH THE FEE OF
DATE	SIGNATURE
Method of Payment (please tick)	
Cheque / Bank Draft payable to Chartered Tax Institu	ute of Malaysia
Credit Card	
Visa Master	
Card No.	Card Holder's Name :
Card Holder's Signature :	Expiry Date
Fee can be prorated on a quarterly basis if less than one year before expiring of Tax Licence - minimum payment is RM100.00	
per annum	