



CHARTERED TAX INSTITUTE OF MALAYSIA

**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 : \_\_\_\_\_ TAX AGENT LICENSE EXPIRY DATE : \_\_\_\_\_

4 OTHER PROFESSIONAL BODIES : \_\_\_\_\_

5 PROFESSIONAL INDEMNITY INSURANCE (PLEASE ATTACH COPY OF CERTIFICATE OF CURRENCY OR POLICY SCHEDULE

NAME OF P.I. INSURER : \_\_\_\_\_ POLICY EXPIRY DATE : \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I ENCLOSE HERewith THE FEE OF \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

Method of Payment (please tick)

Cheque / Bank Draft payable to **Chartered Tax Institute 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