



CHARTERED TAX INSTITUTE OF MALAYSIA

CHARTERED TAX INSTITUTE OF MALAYSIA (225760-7)

UNIT (B 1-5) B-13-2, BLOCK B, 13TH FLOOR, MEGAN AVENUE 11, NO. 12 JLN YAP KWAN SENG

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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 ADMISSION : _____

FIRM/COMPANY NAME : _____ FIRM/COMPANY NO : _____

POSITION / DESIGNATION : _____

ADDRESS : _____

TEL NO : _____ H/P : _____ EMAIL : _____

3 TAX AGENT LICENCE NO : _____ VALIDITY PERIOD : _____

4 OTHER PROFESSIONAL BODIES : _____

5 PROFESSIONAL INDEMNITY INSURANCE (PLEASE ATTACH COPY OF INDIVIDUAL POLICY ONLY)

NAME OF P.I. INSURER : _____ POLICY EXPIRY DATE : _____

OR IF COVERAGE IS UNDER MASTER POLICY, PLEASE STATE BENEFICIARY NAME (COMPANY INSURED)

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 per annum)