

# CHARTERED TAX INSTITUTE OF MALAYSIA (225750-T)

(Incorporated on 1st October 1991 under section 16 (4) of the Companies Act 1965) Unit B-13-2, Block B, 13th Floor, Megan Avenue II, No. 12 Jalan Yap Kwan Seng, 50450 Kuala Lumpur, Malaysia. Tel: +603-2162 8989 Fax: +603-2162 8990 web: www.ctim.org.my e-mail: secretariat@ctim.org.my

# **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:		
TELEPHONE: HOUSE:OFFICE:			
FAX: EMAIL:			
* If you are in public pr			
I AM (please tick √): AN EMPLOYEE OPERATING MY OWN PRACTICE			
FOR OFFICE USE ONLY         Qualification certificates:         Testimonials         Working Experience         Statutory Declaration         Other Remarks:	Application No. Identity Card copy Photographs (2) Payment		

# 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	То	Position	Nature/Scope of Work

### M. PROFESSIONAL QUALIFICATIONS

Please tick  $\sqrt{}$ 

Please tick V		
Qualifications	MIA membership No./ Treasury Authority Ref No./ Practising Certificate No./ Student Registration No.	Date Awarded
a) Chartered Accountant of Malaysian Institute of Accountants (with practising certificate and audit license)		
b) Chartered Accountant of Malaysian Institute of Accountants (with practising certificate)		
c) Chartered Accountant of Malaysian Institute of Accountants (without practising certificate)		
d) Licensed Accountant of Malaysian Institute of Accountants		
e) Advanced Courses examination conducted by the Inland Revenue Board		
f) Approved Tax Agent under section 153 of the Income Tax Act, 1967 (without restricition)		
g) In practice or employment as an advocate or solicitor of High Court of Malaya, Sabah and Sarawak		
h) Successfully completed the final examinations of the Chartered Tax Institute of Malaysia		
i) Custom Officers at Superintendent Level (Grade 41) with 5 years experience		
j) Full member of ACCA, CIMA, CPA (with 5 years practical experience in taxation matters)		
k) Others: (Please specify)		

#### N. ACADEMIC QUALIFICATIONS:

Name & Address of Institutions	Qualifications	Date Awarded

Note: For section M and N, please enclose a copy of the relevent certificate/license/final examination result slips which are certified true copy by Members of CTIM, CTIM Secretariat or the Commissioner for Oaths

# STATUTORY 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.

of	Identity Card No.:
in the State of	do, solemnly and sincerely declare that the above information is true to the b
of my knowledge and belief and I make this solemn declara	ation conscientiously believing the same to be true, and by virtue of the provisions
the Statutory Declarations Act, 1960.	
Subscribed and solemnly declared by abovenamed,	
at in the State of	Signature of Applicant
this day of	year 20 Before me,
	<ol> <li>Member of CTIM, Mem No</li> <li>CTIM Secretariat</li> </ol>
APPLICATION REQUIREMENTS	3) Employer : Designation & Co.Stam
The completed application form should be submitted t	ogether with: 4) Signature of Commissioner for Oat
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	
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

#### PAYMENT FEES

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

	ASSOCIATE	FELLOW *
Admission Fee	RM200	-
Upgrading Fee		RM300
Annual Subscription	RM200	RM250 **

\* Only Applicants who have been Associate Members of CTIM continuously for not less than five (5) years and have met the required criteria may apply to be Fellows

\*\* Members, who have paid the associate subscription for the year which he/she is admitted as Fellow, need only to pay an additional RM50

## Notes:

Cheques will be processed upon approval of membership application

lo Check	ked By (Name)	Date	Approved	Not Approved	Interview	Remarks
st Check						
nd Check						