

APPLICATION FOR ORDINARY MEMBERSHIP

A. PERSONAL DETAILS

Title (Dr / Mr / Ms / Mdm / Others) _____
Full Name (as per NRIC / Passport) _____
NRIC / Passport No. _____ Nationality _____ Race _____
Residential Address _____
Postcode _____ State _____ Country _____
Home Tel No. _____ Mobile No. _____ Email _____
College / University _____
Highest Qualification _____ Year _____
Membership / Affiliation(s) _____ Member Since _____

Please attach
passport size
photo

B. CURRENT EMPLOYMENT (This section must be completed)

Employer _____
Type of Business _____
Occupation _____ Since _____
Business Address _____
Postcode _____ State _____ Country _____
Tel No. _____ Email _____

C. What areas of corporate governance are you specifically interested in ?

D. PAYMENT METHOD

Crossed cheques must be made payable to **MALYSIAN INSTITUTE OF CORPORATE GOVERNANCE**
For Interbank Giro (IGB) or direct payment, please email copy of transaction slip to info@micg.org.my
Name of Bank : Malayan Banking Berhad
Account No. : 5141 6915 2428
Swift Code : MBB EMYKL
Bank's Address : 50-52, Jalan Sultan (52/4), 46200 Petaling Jaya, Selangor

E. I DECLARE that :

- All information contained in this application form are true and correct.
- This is an application for membership. No reference of affiliation with MICG will be made until approved and accepted.
- If accepted, I agree to abide by the Constitution and Rules / Codes of Malaysian Institute of Corporate Governance.
- If accepted, I will use my best endeavour to adhere to and uphold the highest standards of good corporate governance.

Signature _____ Date _____

F. CHECKLIST FOR APPLICATION

- Photocopy of IC / Passport, Certified True Copies of Qualifications, Membership, Affiliations
 A letter from Employer / HR Department stating :
• Your Designation
• Your Employment Job Function
• Years on the Job / Working Experience
 Annual Subscription Fee : RM300

Note : The Board of Governors shall have the full power and discretion as to the admission of any person qualified to be a member of the Institute and may reject any application for membership without assigning any reasons hereto. [Refer MICG AA Cl. 8]

OFFICE USE ONLY

Date received _____ Received by _____
Amount received _____ Cheque No. / Online Payment _____
Application in order Yes No Official Receipt No. / Date _____ / _____
Remarks _____ Date approved by Board of Governors _____
Date of admission _____ Membership No. _____