

**ORDINARY MEMBERSHIP APPLICATION FOR THE YEAR OF 2018**  
**SUBSCRIPTION FEE : RM300/YEAR**

**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 Phone No. \_\_\_\_\_ Handphone No. \_\_\_\_\_

E-mail \_\_\_\_\_

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 \_\_\_\_\_

Working Experience \_\_\_\_\_ years Training Experience \_\_\_\_\_ years

Business Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

## D) PAYMENT METHOD

Crossed cheques must be payable to **MALAYSIAN INSTITUTE OF CORPORATE GOVERNANCE**

For Interbank Giro (IGB) or direct payment, please email copy of transaction slip to [info@micg.org.my](mailto: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 :

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

Applicant's 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

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]

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## OFFICE USE ONLY

Date received \_\_\_\_\_ Received by \_\_\_\_\_

Amount received \_\_\_\_\_ Cheque / Postal Order No. \_\_\_\_\_

Application in order \_\_\_\_\_ (Yes / No) \_\_\_\_\_ Official Receipt No. / Date \_\_\_\_\_

Remarks \_\_\_\_\_

Date approved by Board of Governors \_\_\_\_\_

Date of admission to membership \_\_\_\_\_ Membership No. \_\_\_\_\_