

ORDINARY MEMBERSHIP APPLICATION FOR THE YEAR OF 2019
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

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]

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. _____