QE APPLICATION NO:	

FIRST SCHEDULE

(Rule 4)

THE MALAYSIAN INSTITUTE OF ACCOUNTANTS **QUALIFYING EXAMINATION** APPLICATION FOR REGISTRATION AS A CANDIDATE

All applicants please return this form to: MIA Examination Committee

Malaysian Institute of Accountants

Dewan Akauntan, Unit 33-01, Bangsar South City No 8, Jalan Kerinchi, 59200 Kuala Lumpur

AFFIX PHOTO HERE

		(Attn: Competency Framewor	k & Development Department)	
Application dead	dlines for candidates	who wish to sit for their first ex	camination in:	
	Have you registe	ered with the Institute before	? (Please tick accordingly) No	
Previous Registration		nplete the following :	Registration Number :	
(Fill in your writ	ting in BLOCK CAPI	TALS letters)		
PERSONAL	DETAILS			
NAME (MR/M (as per IC/Pass		:		_
DATE AND P	LACE OF BIRTH	:		_
NATIONALIT	Y	:	RACE :	_
IDENTITY CA PASSPORT NO			GENDER :	_
CORRESPONI ADDRESS	DENCE			- - -
CONTACT NO)	: (Mobile)	(Home)	-
EMAIL		:		-
CURRENT E	EMPLOYMENT D	ETAILS		
COMPANY / I	FIRM	:		_
COMPANY A	DDRESS	:		-
OFFICE NO		:	(Fax)	-

A.	ACADEMIC QUALIFICATION					
	Name of Institution of Higher Learning	Date Completed	Diploma /	na / Degree Awarded		
В.	PROFESSIONAL QUALIFICATION					
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	Name of Professional Body	Date Completed	Certifi	cate Awarded		
DE	CLARATION					
To th	ne : MALAYSIAN INSTITUTE OF ACCOUNTA	NTS EXAMINATION C	OMMITTEE			
I her	eby certify that the above information is correct an	nd agree to abide by the r	egulations of the	Qualifying Exa	ımination when I	
am a	ccepted as a candidate to sit for the Qualifying Ex-	amination.				
Doto	:	Si	gnature :			
Date	·	31	gnature			
FE	ES					
I enc	lose herewith the necessary fees payable: RM	·				
	Direct Transfer (RHB 26409400005638) (Please J	provide payment slip)	_	I		
	C. P. C. IN	· · · · · · · · · · · · · · · · · · ·		Processing	Candidacy	
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СН	Visa Master State Master State Master State Master	· · · · · · · · · · · · · · · ·		Fee RM100.00	Fee RM200.00	
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EDUCATIONAL QUALIFICATIONS