



MEMBERSHIP DEPARTMENT
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**AUTHORISATION FORM TO SEND PRACTISING CERTIFICATE
(Registered mail for Kuala Lumpur and Selangor)**

Name : _____
Memno : _____
H/P No : _____ Tel No. _____ Fax No. _____
E-Mail : _____

I (name as above) am unable to collect my practising certificate personally. As such, I would be grateful if you could send my practising certificate to the address as stated below:

Address (Please ensure that the address given is not a P.O. Box address):

Best regards

Signature

Date