



MALAYSIAN INSTITUTE
OF ACCOUNTANTS

MEMBERSHIP DEPARTMENT
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AUTHORISATION FORM TO MAIL PRACTISING CERTIFICATE TO MIA REGIONAL OFFICE FOR COLLECTION

Name: _____

Memno: _____

H/P No: _____ Tel No. _____ Fax No. _____

E-Mail: _____

I would be grateful if you could send my practising certificate to the following MIA Regional Office:
(Please tick accordingly)

MIA PENANG OFFICE: Suite 3.4, Wisma Great Eastern, 25, Lebu Light, 10200 Penang.
Tel No: 04-2613320

MIA SABAH OFFICE: Lot 6, 2nd Floor, Block A, Damai Point Commercial Centre, Off Jalan Damai, Luyang, 88300 Kota Kinabalu. Tel No : 088-261291

MIA SARAWAK OFFICE: 1st Floor, Ultimate Professional Centre, 16 Jalan Bukit Mata Kuching, 93100 Kuching. Tel No : 082-418427

MIA JOHOR OFFICE: Unit No. 5.03A, 5th Floor, Menara TJB, 9 Jalan Syed Mohd Mufti, 80000 Johor Bahru. Tel No : 07-2270369

I will collect my practising certificate upon being contacted by the MIA Secretariat staff at the respective MIA regional office.

Best regards

Signature

Date