QE APPLICATION NO:	

FIRST SCHEDULE

(Rule 4)

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

All applicants are required to submit the completed application form with the required documents and payment 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 Framework & Development Department)							
Application dead	lines for candida	tes who wish to sit for their first ex	camination in:					
Have you registered with the Institute before ? Yes			? (Please tick accordingly) No					
Previous Registration	If yes, please complete the following: Registration Date:		Registration Number :					
		APITALS letters)						
PERSONAL I	DETAILS							
NAME (MR/MS) (as per IC/Passp		:						
DATE OF BIRT	ГН	:	PLACE OF BIRTH :					
NATIONALITY	Y	:	RACE :					
IDENTITY CAI PASSPORT NO		:	GENDER :					
CORRESPOND ADDRESS	DENCE							
		POSTCODE :	STATE :					
CONTACT NO		: (Mobile)	(Home)					
EMAIL		:						
CURRENT E	MPLOYMEN'	T DETAILS						
COMPANY / F	IRM	:						
COMPANY AD	DDRESS	:						
OFFICE NO		 :	(Fax)					

A.	ACADEMIC QUALIFICATION							
	Name of Institution of Higher Learning	Date Completed	Diploma /	Degree Award	ed			
В.	PROFESSIONAL QUALIFICATION							
	Name of Professional Body	Date Completed	Certificate Awarded					
	CLARATION							
I her	the: MALAYSIAN INSTITUTE OF ACCOUNTAGE The seby certify that the above information is correct and accepted as a candidate to sit for the Qualifying Ex	nd agree to abide by the re		: Qualifying Exa	amination when			
Date	e : Signature :							
RE	ES							
I enc	close herewith the necessary fees payable: RM			·	·			
	**Direct Transfer (Institut Akauntan Malaysia: RHB 26409400005638)			Processing Fee	Candidacy Fee			
	(Please send payment slip together with the completed of	MIA QE	RM100.00	RM200.00				
	Credit Card No							
	Visa Master State Master (mm) / (yyyy	**For payment via DIRECT TRANSFER : a. Recipient reference: <u>MIA QE</u> b. Other transfer details: <u>HP no./Email</u>						
	(J.J.)							
CH	ECKLIST							
fees,	should try to complete this form correctly and en otherwise your application will be returned to you nination session. Please ensure that you have read	ou for amendment and yo	ou may not be a	ccepted in time	to sit at the nex			
PLE	ASE <u>DO NOT</u> ENCLOSE ORIGINAL DOCUME	ENTS						
	Certified photocopy of identity card or passport							
	Certified photocopy of SPM certificates							
	Certified photocopy of STPM/Foundation/Matric	culation/Diploma certifica	ites					
	Certified photocopy of University Degree certific	cates and/or Professional o	certificates					
	Certified photocopy of Full Transcripts (Foundat	ion/Diploma/Degree/Prof	essional					
 Note	: Documents must be attested by MIA member O	R applicant's employer C	OR Commission	er for Oaths				
Date	e application received :	Examination Commi	ittee's Approval					
	eipt No. :		nice s ripprovar					
ICCC	·	Registration ivo.						

EDUCATIONAL QUALIFICATIONS