QE APPLICATION NO: _____

FIRST SCHEDULE

(Rule 4)

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

AFFIX PHOTO
HERE

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, Level 33, Tower A
The Vertical, Avenue 3, Bangsar South City
No 8 Jalan Kerinchi, 59200 Kuala Lumpur
(Attn: Competency Framework & Development Department)

Application deadlines for candidates who wish to sit for their first examination in:

Have you registered with the Institute before ? (Please tick accordingly)

Yes ☐   No ☐

Previous MIA QE Registration   If yes, please complete the following :

Registration Date : _____   Registration Number : _____

(Fill in your writing in BLOCK CAPITALS letters)

PERSONAL DETAILS

NAME (MR/MS/MDM)
(as per IC/Passport)   : _____

DATE OF BIRTH   : _____ PLACE OF BIRTH : _____

NATIONALITY   : _____ RACE : _____

IDENTITY CARD NO. /
PASSPORT NO.   : _____ GENDER : _____

                                 : _____
CORRESPONDENCE   _____
ADDRESS   _____ CITY: _____
                                 STATE : _____ POSTCODE : _____

CONTACT NO   : (Mobile) _____ (Home) _____

EMAIL   : _____

CURRENT EMPLOYMENT DETAILS

COMPANY / FIRM   : _____

                                 : _____
COMPANY ADDRESS   _____
                                   _____

OFFICE NO   : _____ (Fax) _____

EDUCATIONAL QUALIFICATIONS

A.   ACADEMIC QUALIFICATION

Name of Institution of Higher Learning	Date Completed	Diploma / Degree Awarded

B.   PROFESSIONAL QUALIFICATION

Name of Professional Body	Date Completed	Certificate Awarded

DECLARATION

To the : MALAYSIAN INSTITUTE OF ACCOUNTANTS EXAMINATION COMMITTEE

I hereby certify that the above information is correct and agree to abide by the regulations of the Qualifying Examination when I am accepted as a candidate to sit for the Qualifying Examination.

Date : _____   Signature : _____

FEES

I enclose herewith the necessary fees payable : RM _____.

☐ **Direct Transfer (Institut Akauntan Malaysia: RHB 26409400005638)**
   (*Please send payment slip together with the completed application form to MIA*)

☐ Credit Card No. _____ - _____ - _____ - _____

   Visa ☐   Master ☐

   Expiry date : _____ (mm) / _____ (yyyy)

	Processing Fee	**Candidacy Fee**
MIA QE	RM100.00	RM200.00

For payment via DIRECT TRANSFER:
a. Recipient reference: MIA QE
b. Other transfer details: HP no./Email

CHECKLIST

You should try to complete this form correctly and enclose all the required documents, if applicable, together with the correct fees, otherwise your application will be returned to you for amendment and you may not be accepted in time to sit at the next examination session. Please ensure that you have read all the instructions carefully and are aware of the closing dates and fees.

☐ Certified photocopy of identity card or passport

☐ Certified photocopy of SPM certificates

☐ Certified photocopy of STPM/Foundation/Matriculation/Diploma certificates

☐ Certified photocopy of University Degree certificates and/or Professional certificates

☐ Certified photocopy of Full Transcripts (Foundation/Diploma/Degree/Professional

☐ Electronic Fund Transfer Form *(For refund purpose)*

Documents must be certified true copy either by the:

- *Active member of MIA (the certifier is required to indicate or stamp the copy with the words: **"Certified to be a true copy of the original seen by me"** and state name, membership number and signature on the document)*
- *Commissioner for Oaths*
- *Employer (the certifier is required to indicate or stamp the copy with the words **"Certified True Copy"** and provides signature with the official rubber stamp on the document)*

Date application received	: ………………………..	Examination Committee's Approval	: ……………………………
Receipt No.	: ………………………..	Registration No.	: ……………………………

To: Malaysian Institute of Accountants
Authorization for Electronic Payments

Name*	**IC Number***

Address*

Bank*	**Address ***

Account Name*	**Account Number***

Bank ID Number*

Swift Code (if applicable)

Routing & Transit Number / IBAN (if applicable)

E-mail address to which electronic confirmations will be sent (not more than 30 character) *

Contact Person

Contact Number
TEL: **FAX:**

By signing this form below, I/We authorize Malaysian Institute of Accountants and the financial institution indicated above to deposit all payments due automatically, in accordance with agreed upon payment terms. This authority will remain in effect until I/We notify Malaysian Institute of Accountants in writing of its cancellation.

Authorized Signature and Date*

*compulsory