CORPORATE MEMBERSHIP APPLICATION FORM
PARTICULARS OF CORPORATE APPLICANT

Please Type or Print Clearly

1) ORGANISATION NAME (IN FULL): _____

_____

2) DATE/YEAR OF REGISTRATION _____

3) MAILING ADDRESS (INCLUDING DEPARTMENT NAME):

_____

_____

_____
(Code) (State)

4) BUSINESS CONTACT NUMBER: _____
(Code) (Number)

5) FACSIMILE NUMBER: _____
(Code) (Number)

6) EMAIL: _____

7) INDUSTRY CODE: _____
(As stated by SES)

8) CORPORATE STRUCTURE:
Are you a Holding Company with Subsidiaries? Yes / No

Please Tick

9) STRUCTURE OF INTERNAL AUDIT DEPARTMENT
DO YOU PROVIDE INTERNAL AUDITING SERVICES TO THE:

Holding Company? ☐
Holding Company Plus All Subsidiary Company? ☐
Holding Company Plus Selected Subsidiary Company? ☐
Individual Company not part of a Group? ☐

List the name of the Holding Company and Subsidiary Companies and indicate with a tick ☑ if the Holding and Subsidiary companies are audited by the Internal Audit Department; or otherwise cross ☒ if it is not audited by the Internal Audit Department.

The following part applies if you are part of a Group.

NAME OF HOLDING COMPANY: _____ ☐
NAME OF SUBSIDIARY COMPANIES: _____ ☐
i. _____ ☐
ii. _____ ☐
iii. _____ ☐
iv. _____ ☐
v. _____ ☐
(You may use additional Sheet(s) of paper if necessary)

10) NO. OF CORPORATE NOMINEES IN THE INTERNAL AUDIT DEPARTMENT/AUDIT COMMITTEE:
(Use a separate spreadsheet to complete this section if preferred)
Nominees

Full Name (as in I/C or Passport)	Position	*Qualification	**No. of Years of Audit Experience

** A recognised degree or Professional accountancy qualification to be supported by Certified true copy of document.*
*** At least one year of audit experience. To be supported by a statement signed by the nominee stating past working experience (company, position held and employment period) Audit experience requirement not applicable to Audit Committee member:*

11) NAME OF HEAD OF INTERNAL AUDIT

DR/ MR/ MRS/ MS: _____

DESIGNATION: _____

CONTACT NUMBER: _____
(Code) (Number)

EMAIL ADDRESS: _____

NRIC/PASSPORT: _____

SIGNATURE: _____ DATE: _____

_____

FOR SECRETARIAT USE ONLY

Date Received: _____ Membership No: _____

For Board of Governors: _____
(Membership Committee Chairman) (Date)

Membership: Accepted ☐ Rejected ☐

Cash/Bank Draft/Cheque No: _____

Receipt No: _____

Date of Notification: _____