MEMBERSHIP APPLICATION FORM

Business Data

Mr/Mrs/Ms/Other

________________________________________________________________________
Name (Last, First, Middle, Nickname)

Organisation Name: _______________________________________________________

Job Title: __________________________________________________________________

Postal Address: __________________________________________________________________

City: ____________________________ Country: ____________________________

Business Phone: ____________________________ Fax: ____________________________

E-Mail: ____________________________

Industry Code: ______ (see page 4 for details) Job Code: ___(see page 4 for details)

Number of Auditors on staff: ______

Do you spend more than 50 percent of your time?
Supervising other internal auditors or directing
Audit programmes? (Yes/ No): ____________

Personal Data:
Home Address:__________________________________________________________

City:_______________________________ Country:__________________________

Home Phone:__________________________

Have you ever been convicted of a felony? (Yes/ No):_______________

Professional Qualifications: (e.g. CIA, CGAP, CFSA, CCSA, CRMA, QIAL, ACCA, PAEC DIPLOMA etc.)

Academic Qualifications:______________________________
(e.g. BCOMIA, BACC, MSCE etc.)

Send Mail to: Business Address:_____________ Home Address:_____________

___Check here, if you do not wish your name included on the mailing lists other than the member mailings.

Membership Data

Please select appropriate membership classification (see page 3 for classification descriptions). Classification is subject to determination by the Membership Committee.

1. Regular Member (please check one)

_____ Internal Auditing Management _____ Internal Auditing Staff

2. Associate Member:_______  3. Education Member:_______

4. Student Member:_______ (if applying as a student member, please give names of the College or university you attend____________________________)

Date of Graduation:__________________________
Degree/Diploma/Certificate:__________________________

List Name to appear on membership certificate:______________________________

Institution Affiliation:______________________________

Membership Sponsor:______________________________ Member No.___________

Email Address:............................................

Page 2
Dues and Payment

Registration Fee:  **MK15,000.00 only**
Membership Fees: **MK60,000.00 only**

**TOTAL MK75,000.00**

Payment enclosed: Yes_______ No_______ Cheque No.________________________

Please mail your application form to:

The Institute of Internal Auditors,
P. O. Box 31140,
Chichiri,
BLANTYRE 3.

**Please make your cheques payable to The Institute of Internal Auditors**

**Applicant’s Confirmation**

Completion of this application in its entirety and submitting it to the IIA signifies your agreement to abide by The IIA Code of Ethics, Statements of Responsibilities, and Statements for the Professional Practice of Internal Auditing.

I declare that:

1. All information contained on this application is true and correct.
2. If accepted, I agree to abide by the Code of Ethics adopted by The Institute of Internal Auditors to govern members.

**Applicant’s Full Legal**

Name:________________________________________ Signature:______________

**Membership Classification**

- **Regular Member** – Individual involved with internal audit activities. If a regular member, you must select on the following categories:
- **Internal Auditing Management** – Supervisors, managers, and directors involved in internal auditing function. Also, senior of lead auditors or others who spend 50 percent or more of their time supervising other auditors or developing/directing the auditing programme (includes EDP auditing, internal review, programme management, evaluation, contract audit inspection services).
- **Internal Auditing Staff** – Those who are actively engaged as internal auditors or are full-time employees on internal auditing staffs (includes EDP auditing, internal review, programme management, evaluation, and contract audit inspection services). Also all Certified Internal Auditors who do not meet the qualification above for Internal Auditing Management.
- **Associate Member** – Corporate officers, public accountants, and others qualified by experience who are engaged in fields related to internal auditing.
- **Education Member** – Individuals principally employed as educators at colleges or universities.
- **Student Member** – those engaged full time in the study of internal auditing or related courses at colleges and universities who cannot qualify as a Regular member, an associate Member, or an Educational Member.

### Industry Codes

<table>
<thead>
<tr>
<th>Industry Code</th>
<th>Job Code</th>
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</thead>
<tbody>
<tr>
<td>1. Manufacturing</td>
<td>1. Head of Internal Audit</td>
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<td>2. Wholesale</td>
<td>2. Senior Internal Auditor</td>
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<td>3. Finance &amp; Banking</td>
<td>3. Internal Auditor</td>
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<td>4. Insurance</td>
<td>4. Junior Internal auditor</td>
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<td>5. Mining</td>
<td>5. External Auditor</td>
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<td>7. Transport</td>
<td>7. Financial Manager</td>
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<td>8. Government</td>
<td>8. Student</td>
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<tr>
<td>9. Other</td>
<td>9. Other</td>
</tr>
</tbody>
</table>

### FOR OFFICIAL USE ONLY

| District/ City: |…………………………………..|
| Membership Classification: |………………………………………………………
| Membership fee received. Yes_____ No_____ Banked by:…………….Date:…………|
| Membership Chairman: |………………………………………………………Date:…………|
| Board of Governors: |………………………………………………………Date:…………|
| Membership Number: |…………………………………Date of Admission:…………………………|
| Certificate despatched by: |…………………………………Date:………………………………….|