

P. O. Box 31140 Chichiri, Blantyre 3 Malawi

Business Data

Tel: 01 830 658

E-mail: <u>iiamalawi@africa-online.net</u>

2021/2022 MEMBERSHIP APPLICATION FORM

Mr/Mrs/Ms/Other	
Name (Last, First, Middle	e, 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	d of a felony? (Yes/ No):
Professional Qualifications: PAEC DIPLOMA etc.)	(e.g. CIA, CGAP, CFSA, CCSA, CRMA, QIAL, ACCA,
Academic Qualifications:	
(e.g. B	COMIA, BACC, MSCE etc.)
Send Mail to: Business Adda	ress: Home Address:
Check here, if you do not wish	your name included on the mailing lists other than the member mailings.
Membership Data	
11 1	membership classification (see page 3 for classification s subject to determination by the Membership Committee.
1. Regular Member (please	e check one)
Internal Auditing Man	agement 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 Degree/Diploma/Certificate:_	Graduation:
List Name to appear on mem	bership certificate:
Institution Affiliation:	
	Member No
Email Address:	

Dues and Payment

IIA Regular Members' Fee

Registration Fee: MK25, 000 00

Membership Fees: MK100, 000.00

TOTAL MK125, 000.00

SIAS Membership Fee: K1,000.00

Payment enclosed: Yes	No	Cheque No	
Please mail your application form	n to:		
The Institute of Internal A	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:
	-
Date:	

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

Job Codes

1. Manufacturing	7. Transport	1. Head of Internal Audit	7. Financial Manager
2. Wholesale	8. Government	2. Senior Internal Audito	r 8. Student
3. Finance & Banking	9. Other	3. Internal Auditor	9. Other
4. Insurance		4. Junior Internal auditor	
5. Mining		5. External Auditor	
6. Accommodation & C	Catering	6. Educator	

When **IIA Malawi** processes your membership, your given name, family name, email address, membership status and local member account number is shared with The Institute of Internal Auditors (The IIA) Global Headquarters who will create and email you directly with your Global Account Number (GAN) and instructions to activate your global member account so that you may access member-only benefits on www.globaliia.org and, if needed, manage your certification program in the Certification Candidate Management System (CCMS).

FOR OFFICIAL USE ONLY	
District/ City:	
Membership Classification:	
Membership fee received. Yes No Banked by:	
Membership Chairman: Date:	
Board of Governors: Date:	
Membership Number: Date of Admission:	
Certificate despatched by:Date:	