



The Malaysian Institute of Chartered Secretaries and Administrators
Bangunan MAICSA, No. 57, The Boulevard, Mid Valley City, Lingkaran
Syed Putra, 59200 Kuala Lumpur
Tel: 03-2282 9276 Fax: 03-2282 9281 Email: members@maicsa.org.my

RENEWAL FORM FOR PRACTISING CERTIFICATE

Name: _____
(as per IC)

Membership No.: _____ FCIS / ACIS PC Expiry Date: 31 December _____

(Please tick the appropriate boxes)

A. RENEWAL
1) I hereby apply for renewal of my Practising Certificate for one year, from 1 January to 31 December _____ and I confirm that I will continue to be bound by the Regulations of the Institute governing the issue of the Practising Certificate and any other relevant rules for the time being in force. I also confirm that there has been no material change in my circumstances affecting my ability to practise, and that I have practised *with / without any claim upon my Professional Indemnity Insurance Policy and that no circumstances have arisen, in connection with my practice, which might lead to disciplinary action under Bye-Law 24.
(* Delete as appropriate. Please provide details of any claim in a letter to be attached to this form).

2) I confirm that my Professional Indemnity Insurance Policy, which was a condition of the issue of the Practising Certificate to me, has been renewed and is valid. Details of my Professional Indemnity Insurance are as follows:-

Insurance Company: _____

Policy No: _____ Expiry Date: _____

(Note: Evidence of renewal of the Professional Indemnity Insurance is attached)

3) I enclose a cheque no. _____ of RM 74.20 (*All cheques/bank draft should be payable to 'MAICSA'.*)

B. NON-RENEWAL
 I do not wish to renew my Practising Certificate and as required by Regulation B (2), I am returning my Practising Certificate.
My reason for withdrawal: -

SIGNATURE:

DATE:

| | |
|----------------------------|------------------|
| FOR OFFICE USE ONLY | Invoice No: |
| | Receipt No: |
| | Date of Receipt: |