

INDIVIDUAL MEMBERSHIP APPLICATION FORM

Introduced by				
PERSONAL DATA				
Last Name	First			
Middle Name				
Date of Birth: Date _ _ Month				
ID type : Passport _ _ _ _ _ _ Na	tional ID _ _ _ _			
Driving License _ _ _ _ _ _ _ _ _				
Home Address:	Town City:	Country:		
Home Phone:	Email Address:			
BUSINESS DATA				
Company Name:	Jc	b Title:		
Business Address:	То	wn/City:		
Country:	B	usiness Phone:		
Fax: _ _ _ _ _ _ _ _ Number of Internal Auditors: _ _				
EXPERIENCE				
Number of years served as an Internal A Number of years in an Internal Audit Su Number of Auditing Personnel under yo	pervision Position:			
EDUCATION				
College/University Name:				
Highest Qualification obtained:				
Year Obtained: _ _ _ Are you Certified Internal Auditor:	Yes 🗌 No			
Any other Professional Certification(s) yo	ou hold:			

Associate

Student

FEES

Membership	Registration \$USD	Annual \$USD	Total \$USD
Professional	10	125	135
Associate	10	125	135
Student	10	50	60

FOR SECRETARIAT USE

Date Received:	
Cash/Cheque No:	
Receipt No:	
Recommended Class of membership:	-
Member ID:	-

Chief Executive Officer's Signature: Date Approved

CHECKLIST FOR APPLICATION

- 1. Complete the Individual Membership Application form
- 2. Ensure the following documents are submitted together with your Application Form:
 - A. Registration Fee and Annual Subscription (Refer to the fee structure)
 - B. A photocopy of your Passport/National ID/Driving License/Identity Card
 - C. Certified Copies of relevant Master's Degree/Degree/Advanced Diploma/Certificate Documents must be certified as true copies either by a commission of Oaths, your head of Department [Head of company, if you are a Head of Department] or Head of Human Resource Department or Lawyer
 - D. One current Soft copy of your Passport size photo

APPLICANT'S DECLARATION & SIGNATURE

I declare that:

- 1. All information contained in this application is true & correct
- 2. If accepted. I agree to abide by IIA's "Code of Ethics" and to support the "Standards for the professional Practice of Internal Auditing"

Applicant's Signature: Date: