

APPLICATION FOR RE-REGISTRATION AS STUDENT

To: Council of The Insti	itute of Chartered Secretari	es and Administrators
undertake to comply with		te of Chartered Secretaries and Administrators and students of The Institute. I certify that the information all respects.
Name (i	in block letters)	Signature and Date
The fees payable on re-regiments within the first 3 years of s		to fee schedule on the number of pending subjects
STUDENT RE-REGIST	ΓRATION (3 YEARS):	
Fees enclosed with proof of	online payment slip.	
	any) :	
Please complete ALL SEC	TIONS in BLOCK CAPITA	ALS:
Payment Details:		
Online Banking: www.m	naybank2u.com.my or	
Direct Transfer: MBB 5	144-8630-1427 made paya	able to "MAICSA" for amount RM
Credit Card [] Visa [] MasterCard [] Plea	se charge RM to my credit card:
Bank Card No Name on the Card Card start date Card expiry date	: : :	······································
Signature card holder Date	: :	······································

PERSONAL PARTICULARS

Name (Mr/Mrs/Miss) Mailing Address	:			
Email Address				
Telephone Number :		Sex:		
NRIC :		Date of Birth:		
	CUR	RENT EMPLOYMENT		
Designation Organisation Address	:	Date of Comme		
Nature of Business	:	Telephone:		
Number of subjects co		XAMINATION HISTORY		
CGQP		Subjects		Year Taken
LEVEL 1				
LEVEL 2				
FOR OFFICE USE	ONLY			
Removed : Submitted: Period :				
□ Approved □	Not Approved	Date:	_	
Please complete this s		FORM – STUDENT RENEWAL	.FEE	
Method of Study:				
□ Full-time □ P	Part-time □ Self-stu	udy		
Reasons for non renewa	l of student membership	p:		
□ Non-receipt of the Financial constra	tion/overseas when stud	minder slip		

Please provide feedback on the standard of MAICSA's services to students and how we can improve our services

The Malaysian Institute of Chartered Secretaries and Administrators (MAICSA)

Bangunan MAICSA, No 57 The Boulevard, Mid Valley City, Lingkaran Syed Putra, 59200 Kuala Lumpur Tel: 03-2282 9276 Fax: 03-2282 9281

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