

**MALAYSIAN ASSOCIATION OF COMPANY SECRETARIES**  
**(Prescribed Body Under Section 139A(a) Of The Companies Act, 1965)**

**MEMBERSHIP UPDATE FORM**

Name (Mr./Mrs./Ms./Mdm./Others) : \_\_\_\_\_

Membership No. : \_\_\_\_\_

Membership Grade :  Fellow                       Member     Provisional  
 Associate                       Student

Date of Birth : \_\_\_\_\_ Race : \_\_\_\_\_

NRIC No. : \_\_\_\_\_ (New)                      \_\_\_\_\_ (Old)

Correspondence Address : \_\_\_\_\_  
\_\_\_\_\_

Telephone No. (H) : \_\_\_\_\_ H/P No : \_\_\_\_\_

Email Address : \_\_\_\_\_

Present Occupation : \_\_\_\_\_

Professional Status :  Qualified under S139A(a) of Companies Act, 1965  
(CA 1965)                       MACS    MAICSA    MIA    MICPA    Malaysian Bar  
 S139B licence holder                      (Licence No.: LS \_\_\_\_\_)  
*\* Kindly enclose your latest valid licence from the CCM.*

MACS / PSD recognised :  MACS Graduate                       BA     B. Commerce/Business  
qualification(s)                       B. Econs                       MBA    Others: \_\_\_\_\_  
 Professional qualification : \_\_\_\_\_

Practising Profession :  Company Secretarial Practice  
 Taxation (\*Qualified / \*Unqualified Tax Agent)  
*\* Kindly indicate your Licence No.....*  
 Others (Please specify) \_\_\_\_\_

Other Qualification(s) :  Accounting / Finance / Business  
 Others (Please specify) \_\_\_\_\_

*\*Note : All certified documents supporting the above qualifications/experiences shall be furnished together with the form.*

Name of employer or  
Name of firm /company  
(if self-employed) : \_\_\_\_\_  
[ ] Private Limited Company  
[ ] Public Listed / Unlisted Company  
[ ] Company Secretarial Practice  
[ ] Others (*Please specify*) \_\_\_\_\_  
[ ] Self-employed [ ] Employment

Business / Office Address : \_\_\_\_\_  
\_\_\_\_\_

Telephone No. : \_\_\_\_\_ Fax No: \_\_\_\_\_

Nature of Practice / Business : [ ] Company Secretarial Services  
[ ] Others (*Please specify in details. If insufficient space please attach  
appendix*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you in public practice ? YES / NO  
If yes, please state the number of years in practice: \_\_\_\_\_ years

Are you a Company Secretary for a public listed company? YES / NO  
If yes, please state the number of PLC which you are acting as Company Secretary : \_\_\_\_\_

I confirm that the information contained herein is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature  
Date :

.....  
**FOR OFFICE USE**

Received on : \_\_\_\_\_

Data processed by / Date : \_\_\_\_\_

Checked by / Date : \_\_\_\_\_

Verified by / Date : \_\_\_\_\_