



P. O. Box 31140
Chichiri,
Blantyre 3
Malawi

Tel : 01 830 658
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2025 MEMBERSHIP APPLICATION FORM

Business Data

Mr/Mrs/Ms/Other

Name (Last, First, Middle, 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 of a felony? (Yes/ No):_____

Professional Qualifications: (e.g. **CIA, CGAP, CFSA, CCSA, CRMA, QIAL, ACCA, PAEC DIPLOMA** etc.)

Academic Qualifications:_____
(e.g. **BCOMIA, BACC, MSCE** etc.)

Send Mail to: Business Address:_____ Home Address:_____

____Check here, if you **do not** wish your name included on the mailing lists other than the member mailings.

Membership Data

Please select appropriate membership classification (see page 3 for classification descriptions). Classification is subject to determination by the Membership Committee.

1. Regular Member (please check one)

____ Internal Auditing Management ____ 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 _____ Graduation:_____
Degree/Diploma/Certificate:_____

List Name to appear on membership certificate:_____

Institution Affiliation:_____

Membership Sponsor:_____ Member No. _____

Email Address:.....

Dues and Payment

IIA Regular Members' Fee

Registration Fee: **MK50, 000 00**

Membership Fees: **MK200, 000.00**

TOTAL MK250, 000.00

Payment enclosed: Yes _____ No _____ Cheque No. _____

Please mail your application form to:

The Institute of Internal Auditors,
P. O. Box 31140,
Chichiri,
BLANTYRE 3.

Please make your cheques payable to The Institute of Internal Auditors, alternatively you can deposit the fees to the following account details and email the Proof of Payment

Account Name: Institute of Internal Auditors Malawi

Bank Name: First Capital Bank

A/C Number: 0700649006

Branch: Blantyre

A/C Type: Current

Swift Code: FRCGMWMWXXX

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

- | | |
|-----------------------------|---------------|
| 1. Manufacturing | 7. Transport |
| 2. Wholesale | 8. Government |
| 3. Finance & Banking | 9. Other |
| 4. Insurance | |
| 5. Mining | |
| 6. Accommodation & Catering | |

Job Codes

- | | |
|----------------------------|----------------------|
| 1. Head of Internal Audit | 7. Financial Manager |
| 2. Senior Internal Auditor | 8. Student |
| 3. Internal Auditor | 9. Other |
| 4. Junior Internal auditor | |
| 5. External Auditor | |
| 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 <https://www.theiia.org/en/> and, if needed, manage your certification program in the <https://www.theiia.org/en/certifications/access-ccms/>

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