Institut Bank-Bank Malaysia
Institute of Bankers Malaysia
35880-P

Membership No. | | | | | | |

MEMBERSHIP RENEWAL FORM

(Please read the notes below before filling in the form)

1. To avoid unnecessary delay in processing, kindly take note of the following:
   a. Complete all the details required (incomplete form will be returned).
   b. Ensure that your cheque is crossed, signed and payable to Institut Bank-Bank Malaysia. Please refer to **PART D** of this form.
   c. Ensure that your name and membership no. are written on the reverse side of the cheque/draft/MO/PO.

PART A : PERSONAL INFORMATION

Name (as in NRIC)

NRIC No. (new) | | | | | | | - | | | - | | | | |

NRIC No. (old) | | | | | | | |

Home address with postcode

Telephone No. (mobile) | | | - | | | | | | | | |

Telephone No. (home) | | | - | | | | | | | | | |

E-mail address

Preferred Address (please tick ✔)
☐ Office ☐ Home

PART B : EMPLOYER INFORMATION

Employer's Name and Address with postcode

Department

Position Title: _____

Job Title (please tick ✔)
☐ Manager
☐ Executive
☐ Support/Clerk
☐ Others (please specify): _____

Telephone No. (office) | | | - | | | | | | | | | Extension | | | | |

Facsimile No. | | | - | | | | | | | | |

PART C : MEMBERSHIP INFORMATION

(Membership category & annual subscription (please tick ✔ where applicable)

☐ AFFILIATE @ RM60 p.a.
☐ ASSOCIATE @ RM110 p.a.
☐ ORDINARY @ RM40 p.a.
☐ MEMBER @ RM90 p.a.
☐ ASSOCIATE FELLOW @ RM150 p.a.

PART D : PAYMENT INFORMATION

I would like to renew my subscription as below (you may pay for more than 1 year). Please tick ✔ where applicable.

No. of Year(s) to Renew | |

☐ I enclose a cheque/draft/MO/PO no. _____ for RM _____ payable to **Institut Bank-Bank Malaysia**. (Please include RM0.50 bank charges for each outstation cheque for the purpose of this application).

☐ I authorise IBBM to debit my **Master Card/Visa Card** (*delete where appropriate) for the total amount of RM_____ for the purpose of this application (only accepted for transaction of RM50.00 and above).

Credit Card No. | | | | | - | | | | | - | | | | | - | | | | |

Expiry Date | | / | |

Cardholder's Name _____ (as per name on credit card)

Cardholder's Signature _____ (as per credit card)

Member Signature

Date

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