



PERSATUAN SETIAUSAHA SYARIKAT MALAYSIA
MALAYSIAN ASSOCIATION OF COMPANY SECRETARIES (MACS)

(Approved Body under Fourth Schedule of the Companies Act, 2016)

Unit A608, Block A, Tkt. 6, Kelana Square, No 17, Jalan SS7/26, Kelana Jaya, 47301

Petaling Jaya Selangor Darul Ehsan, Malaysia.

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Website : www.macs.org.my

RENEWAL FORM FOR CERTIFICATE OF PRACTICE

(in accordance with regulation 9 of the Association's Rules and Regulations of COP)

IMPORTANT: Please Complete the Form in Block Letters & Black Ink and Observe Strictly the Rules and Regulations of Certificate of Practice (COP) of the Association which is available on the MACS website.

Please tick the appropriate box

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RENEWAL

☐

NON-RENEWAL

(I am returning my Certificate of Practice)

1. Full Name (per NRIC) :
MR/MRS/MDM/MS (OTHERS)

2. Membership No.....(Member)/(Fellow) COP No.

3. Professional Indemnity Insurance

All applicants must have a valid and current professional indemnity insurance (PII) in accordance with regulation 7 of the Association's Rules and Regulations of COP.

I am insured under a PII policy with
(Name of Insurer)

Policy No. Sum Insured

Policy Effective From To

Accordingly, I enclose herewith evidence that the policy is currently effective, and that the annual minimum amount of professional indemnity insurance shall not be less than RM150,000.00 (evidence of certificate of insurance is attached)

4. Annual Fee Payable:

RM100.00 (for the period from January 2023 – December 2023)

I enclose herewith a Cheque/Bank Draft no.for
RM made payable to **MALAYSIAN ASSOCIATION OF COMPANY SECRETARIES** being payment of the prescribed fees.

Direct bank-in – MACS A/C No.: Public Bank Berhad 3193504015

5. The completed renewal form can be submitted to the MACS Secretariat together with payment / payment advice and documentary evidence (certificate of insurance and certificates of attendance of seminars/course/conference organised by MACS and other approved bodies for year 2022) by post/courier/ email or via whatsapp to MACS at 011-56594799.

DECLARATION :

I,, NRIC NO.....
hereby declare that: -

- I agree to pay all fees for which I become liable under the MACS Constitution;
- I undertake to be bound by-
 - i) the prevailing clauses of the MACS Constitution and Code of Ethics;
 - ii) the Rules and Regulations of Certificate of Practice of the Association, the provisions of the Companies Act 2016 and the rules and regulations of the authorities; and
- The details given in the application form are to the best of my knowledge and belief, true and correct.

.....
SIGNATURE

DATE:

FOR OFFICE USE ONLY

DATE RECEIVED RECEIVED BY

ATTENDED BY CHECKED BY

APPROVED/REJECTED BY COUNCIL ON

REMARKSCERTIFICATE OF PRACTICE NO.