

**PERSATUAN SETIAUSAHA SYARIKAT MALAYSIA  
(Malaysian Association Of Company Secretaries)  
(Approved Body under Fourth Schedule of the Companies Act, 2016)**

Unit A608, Block A, Tkt. 6, Kelana Square, No. 17, Jalan SS 7/26, Kelana Jaya, 47301 Petaling Jaya, Selangor, Malaysia.  
Tel: (+603) 7806 3755 / 1023 Fax: (+603) 7806 3625 E-mail: macs@macs.org.my Website: www.macs.org.my



**MALAYSIAN ASSOCIATION OF COMPANY SECRETARIES  
(Approved Body under Fourth Schedule of the Companies Act, 2016)**

**MEMBERSHIP UPDATE FORM**

*(Please take note that members must update the MACS Secretariat immediately via email or fax if there is any change in your email address/telephone no./correspondence address)*

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

Membership No.: \_\_\_\_\_ MACS Certificate of Practice (if any) No. \_\_\_\_\_

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

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

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

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

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

- Practising Profession:     [ ] Company Secretarial Practice  
                                  [ ] Taxation (*indicate your Tax Agent Licence No..... if any*)  
                                  [ ] Others (*Please specify*)

Name of current employer or: \_\_\_\_\_

- Name of firm /company    [ ] Private Limited Company  
(if self-employed)       [ ] Public Listed / Unlisted Company  
                                  [ ] 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 :

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**FOR OFFICE USE**

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

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

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

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