



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.
Tel : +603-7806 3755 / 1023 Fax : +603-7806 3625
E-mail : macs@macs.org.my Website : www.macs.org.my

APPLICATION FOR CERTIFICATE OF PRACTICE

(Pursuant to Section II, Clause 4.1 of the Code of Ethics of the Association)

IMPORTANT: Please Complete the Form in Block Letters & Black Ink and Observe Strictly the Rules and Regulations of Certificate of Practice of the Association as Attached.

1. Full Name (per NRIC) :
MR/MRS/MDM/MS (OTHERS)
2. Membership No.....(M)/(F) Date Admitted as Member
3. Date of Birth NRIC No. (New)
4. Home Address
.....
Tel (H) Tel (H/P) E-Mail
5. Please tick the appropriate box : Self Employed / Practice Under Employment
6. Name of Firm / Organisation / Employer
7. Business / Office Address
.....
Tel Fax
Branch Address (if any)
Tel Fax
8. Nature of Business/Practice/Employer's Business
9. Relevant company secretarial experience over the last three (3) years (*state day/month/year and evidence*)(A copy of Form 49 or other similar prescribed form is acceptable evidence):

Date		Name of Company/Organisation	Position
From	To		
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I hereby certify that I have complied with the provisions of Regulations 5 & 8 of the Rules and Regulations of Certificate of Practice of the Association.

10. 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. (Attached the application form for PII under the Association scheme for members who have not insured a PII policy.)

I am insured under a PII policy with _____

(Name of Insurer)

Policy No. _____ Sum Insured _____

Policy Effective From _____ To _____

Accordingly, I enclose herewith

- (i) 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 (certificate of insurance is acceptable evidence).
- (ii) a confirmation letter / cover note from my insurer to the effect that the cover offered under my policy is as comprehensive as that provided under the Association scheme of PII.

11. Prescribed Fees Payable:

Practising Registration Fee : RM50.00

Annual Fee : RM50.00 (for the period from July – December 2017)

: RM100.00 (for the period from January – December 2018)

Total fees payable : RM200.00

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

12. Original copy of the completed application form must be submitted to the MACS Secretariat together with payment and documentary evidence. Incomplete applications would not be considered and will be returned to the member.

DECLARATION :

I,....., IC 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 authority; and
- The details given in the application form are to the best of my knowledge and belief, true and correct.

.....
SIGNATURE OF APPLICANT

DATE:

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED RECEIVED BY ATTENDED BY CHECKED BY

APPROVED/REJECTED BY COUNCIL ON

REMARKSCERTIFICATE OF PRACTICE NO.