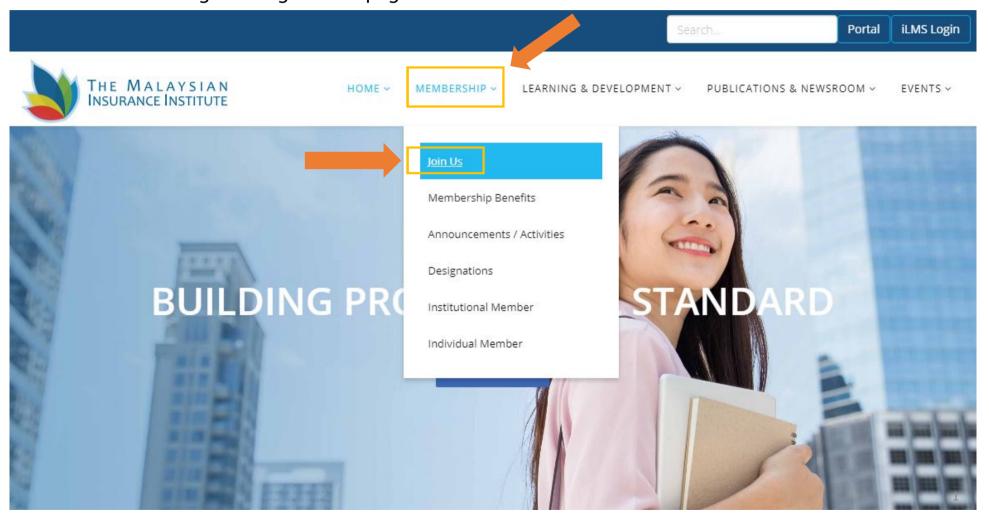
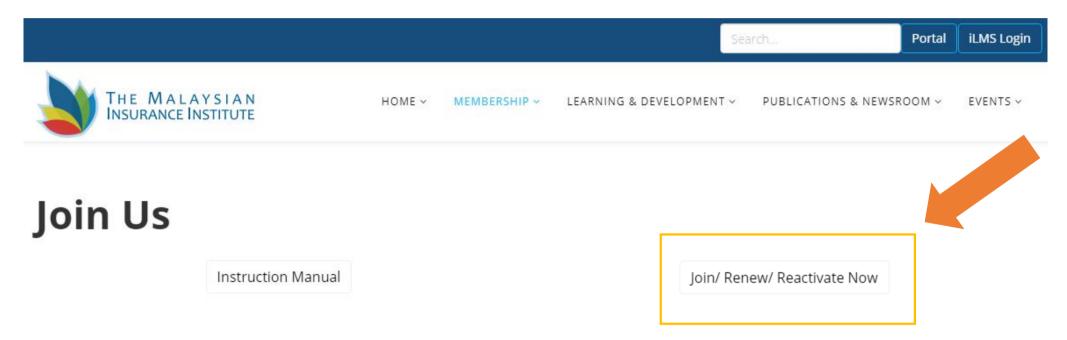
## 1. Go to iLMS from MII Website

At MII website (<u>www.insurance.com.my</u>), move cursor to MEMBERSHIP button. Click the "JOIN US" button to go the registration page.



#### 2. Continue :- Go to iLMS from MII Website

At this page (<u>http://insurance.com.my/index.php/membership/join</u>), move cursor to JOIN/ RENEW NOW button. Click the "JOIN/ RENEW NOW" button to go the iLMS page.

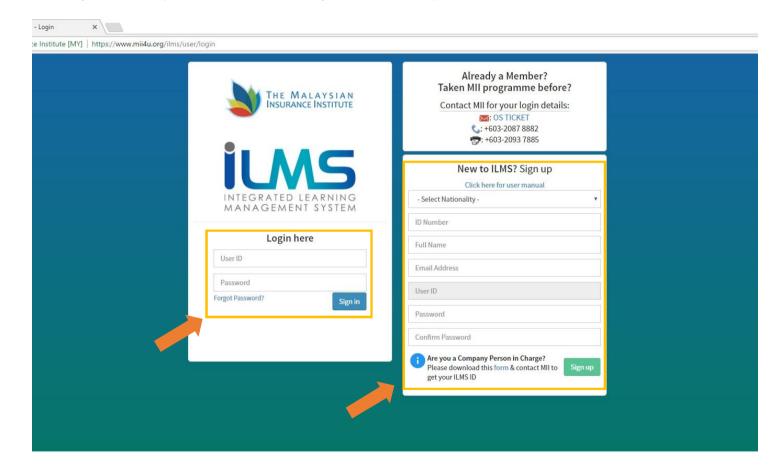


# **Categories of Membershin**

## 2. Sign up / Sign in iLMS

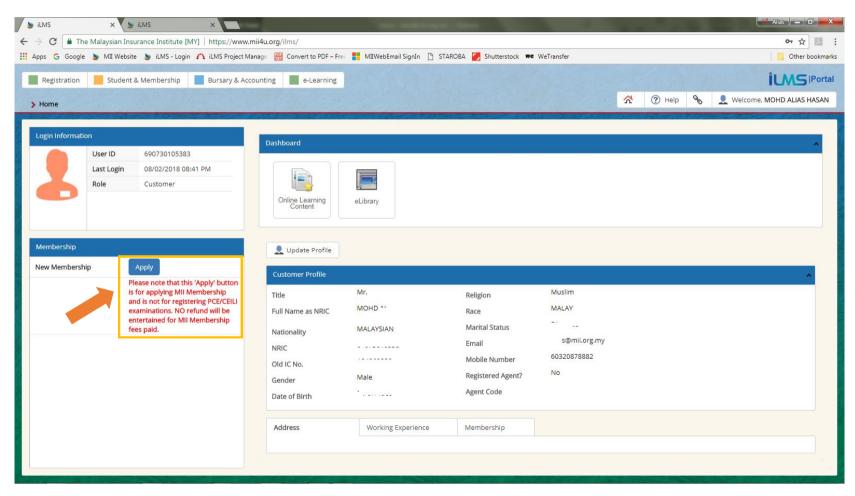
If you are a new user, you will have to Sign Up before you attempt to login.

If you have registered previously, please Login at MII iLMS (<u>https://www.mii4u.org/ilms/user/login</u>). Your user name will be your New IC number or your Passport number, and your default password would be either 12345 or 123456.



#### **3a. Apply the MII Membership (For New Member/Application)**

Once successfully logged in, click the "**Apply**" button under Membership column to continue.



## 3b. For members who are Renewing or Reactivating MII membership.

Once successfully logged in, either "**Renew**" or "**Reactivate**" button under Membership column will appear. Click on the "**Renew**" or "**Reactivate**" button to continue.

Home	Accounting e-Learning		С Ф Не	Ip 🗞 🙎 Welcome, ZAIN
Login Information	Dashboard			
User ID         630812086249           Last Login         09/10/2019 02:52 PM           Role         Student	Online Learning Content	nit Exam Result Student Portal	Mli Website	
Membership	Lupdate Profile			
Membership No. AFF	Customer Profile			
Membership Category Affiliate	Title Mr.	Religion	Muslim	
Member Since 26/09/2017	Full Name as NRIC ZAIN	Race	MALAY	
Expiry Date 30/06/2019	Nationality MALAY		Married @yahoo.com	
Status Reactive	NRIC Old IC No. 2 Gender Male Date of Birth 26/09/7	Registered Agent?	013-2 No	
	Date of birdi			

## 4. Complete Personal Details

Fill in your details. Once finished, click the **"Save"** button ( ).

	× 🖉 🎽 ilms	×				and the second second		-	Alias
		[MY]   https://www.mii4u.		1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 -	_				<b>아</b> ☆
ps Ġ Google 🔰	MII Website 🍯 iLMS - Lo	gin 🏠 iLMS Project Manage	Convert to PDF - Free	MIWebEmail	SignIn [*] STAROB	A 🚺 Shutterstock 🗮 WeTransfer		C	Other
Registration	Student & Membership	Bursary & Accountin	ng e-Learning						iLMS
		A CONTRACTOR OF STREET	1. 15-19				\$ (?) Help	00	👤 Welcome,
Home								0	
•									
•									
ustomer Members	hip								
			ired (fields with * are compuls	ary)					
	given will be treated as prives								
	nal certificate requires the will be processed only upor	receipt of payment and sup	poorting documents.						
4.7 a opplication v	will be processed only upor	receipt of payment and say	porting documents.						
ersonal Details	Employment Details	Academic Qualification	Profesional Qualification	Address	Attachments	Membership Details			
ersonal Details	Employment Details	Academic Qualification	Profesional Qualification	Address	Attachments	Membership betails			
💾 📀 N	ext								
			_						
le	Mr.	•							
I Name as NRIC									
itionality		•							
NC									
d IC No.	(012)(202220								
nder	Male	•							
ite of Birth									
···· · · · · · · · · · · · · · · · · ·									
-									

## 5. Complete Employment Details \*(Please complete this one time process, you may edit any details as your wish)

Fill in your details. Once finished, click the **"Save"** button ( )

	💩 ilms	×				and the same in the set					-	Alias -	
~	· → C 🔒 The	Malaysian Insurance Institute	e [MY]   https://www.mii4u.or	g/ilms/								r	: 11
	Registration	5tudent & Membership	Bursary & Accounting	e-Learning								iLMS	Portal
	> Home								☆	Help	<b>% ⊥</b> ₩	elcome, MOHD ALIAS	S HASAN
	۲												
	Customer Memb	pership											*
	2. All informat 3. Any of educ	plete this form and attach the ion given will be treated as pri ational certificate requires the on will be processed only upor	vate and confidential. Certified True Copy.		lsary)								
	Personal Details	Employment Details	Academic Qualification	Profesional Qualification	Address	Attachments	Membership Details						
	①	⊖ • Next											
1	COMPANY I	NAME				POSI	TION	FROM	то	CUI	RRENT COMPANY	INSURANCE INDUSTRY?	
2													
	No Records Fo	bund											
		With the second second		e an		ALC: NOT A	Senancia de Calera	er galenalist of			Star Star		1.27 98 36

## 6. Complete Academic Qualification Details \*(Please complete this one time process, you may edit any details as your wish)

Fill in your details. Once finished, click the **"Save"** button ( ). 💾 Click the **"Next"** button to continue.

					10110					7
Registration	Student & Membership	Bursary & Accounting	g e-Learning							ilme
Home							2	Help	90	. Welcome, MOHD ALIA
Annan southerday										
۲										
Customer Members	ship									
1. Blassa samalat	to this form and attach the	supporting documents requir	ad (fields with \$ are somewh							
2. All information	n given will be treated as pri	ivate and confidential.	ed (fields with * are compul	sary)						
3. Any of education	onal certificate requires the		porting documents							
4. All application i	will be processed only upor	n receipt of payment and supp	porting documents.							
Personal Details	Employment Details	Academic Qualification	Profesional Qualification	Address	Attachments	Membership Details				
①	⊖	Please attach related docume	ent(s)							
(f)	⊖ ⊙ Next *	Please attach related docume	ent(s)							
Image: Control of the second	⊖ ⊕ Next *	Please attach related docume	ent(s)							
Image: The second sec	⊖ ⊕ Next *	Please attach related docume	ent(s)							
①	O Next *	Please attach related docume	ent(s)							
• /	O Next *	Please attach related docume	ent(s)							
Image: The second sec	O Next *	Please attach related docume	nt(s)							
Image: Control of the second	O Next *	Please attach related docume	nt(s)							
Image: Control of the second	O Next *	Please attach related docume	nt(s)							
Image: Control of the second	O Next *	Please attach related docume	nt(s)							
Image: Control of the second	⊖ • Next *	Please attach related docume	nt(s)							
Image: Control of the second	⊖ • Next *	Please attach related docume	nt(s)							
Image: Control of the second	⊖ • Next *	Please attach related docume	nt(s)							
Image: Control of the second	O Next ★	Please attach related docume	nt(s)							
Image: Control of the second	O Next ★	Please attach related docume	nt(s)							

## 7. Complete Professional Qualification Details \*(Please complete this one time process, you may edit any details as your wish) Fill in your details. Once finished, click the **"Save"** button ( ).

Click the **"Next"** button to continue.

🔉 ilms	× 💙 🎽 ilms	×	100 C	And and Address of the Address of th			1 A			-	Alias — D
$\leftrightarrow$ $\rightarrow$ C $\blacksquare$ The	Malaysian Insurance Institut	e [MY]   https://www.mii4u.o	org/ilms/								야 ☆ 💹 :
Apps G Google	🔰 MII Website 🍯 iLMS - Lo	ogin 🛛 iLMS Project Manage	Convert to PDF - Free	MIIWebEmail S	SignIn 🗋 STAROBA	5 Shutterstock	WeTransfer				Other bookmarks
Registration	Student & Membership	Bursary & Accountin	g e-Learning								it Portal
> Home								2	Help	Ø	L Welcome, MOHD ALIAS HASAN
2. All informati 3. Any of educa	elete this form and attach the on given will be treated as pr ational certificate requires the on will be processed only upo Employment Details		porting documents. Profesional Qualification		Attachments	Membership Details					^
LEVEL	INSTITU		enqoy			QUALIFICATION NAM	15				YEAR
No Records Fo											

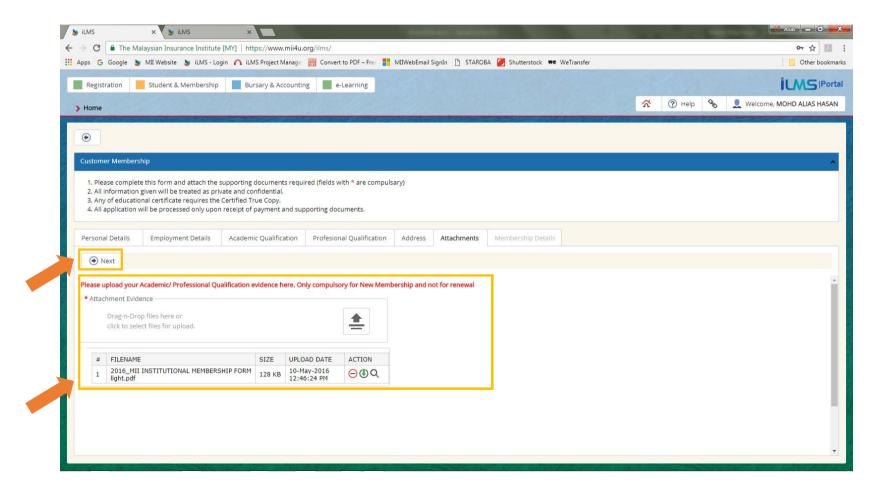
#### **8. Complete Address Details** \*(Please complete this one time process, you may edit any details as your wish) Fill in necessary details. Once finished, click the **"Save"** button ( ). Click the **"Next"** button to continue.

		[MY] https://www.mii4u.o	-								ד דס
Apps Ġ Google 🍯 MII	Website 💩 iLMS - Logi	in 🗥 iLMS Project Manage	Convert to PDF - Free	MIIWebEmail	SignIn 🗋 STAROE	BA 🗾 Shutterstock 🗰 V	VeTransfer				🛛 📙 Othe
Registration Str	udent & Membership	Bursary & Accountin	ng e-Learning								iLMS
			1. 15-39, 24, 24				<u>^</u>	P Help	9	. Welcome,	
> Home			Contract Contract State		CONTRACTOR OF CONTRACTOR						
•											
Customer Membership											
1. Please complete this	s form and attach the su	upporting documents requi	ired (fields with * are compuls	ary)							
2. All information given	n will be <mark>treated as priva</mark>	ate and confidential.									
<ol> <li>Any of educational control</li> <li>All application will be</li> </ol>	e processed only upon i	receipt of payment and sup	oporting documents.								
Personal Details Er	mployment Details	Academic Qualification	Profesional Qualification	Address	Attachments	Membership Details					
	mployment Details	Academic Qualification	Profesional Qualification	Address	Attachments	Membership Details					
Personal Details Er	mployment Details	Academic Qualification	Profesional Qualification	Address	Attachments	Membership Details					
Next		Academic Qualification	Profesional Qualification	Address	Attachments	Membership Details					
	OFFICE		in reducing provide the provide second	Address	Attachments	Membership Details					
Next	OFFICE		in reducing provide the provide second	Address	Attachments	Membership Details					
Corresponding Address *	OFFICE		in reducing provide the provide second	Address	Attachments	Membership Details					
Corresponding Address * Address Line 1 * Address Line 2	OFFICE		in reducing provide the provide second	Address	Attachments	Membership Details					
Next Corresponding Address * Address Line 1 * Address Line 2 Address Line 3	OFFICE		in reducing provide the provide second	Address	Attachments	Membership Details					
Next Corresponding Address * Address Line 1 * Address Line 2 Address Line 3 City *	OFFICE		in reducing provide the provide second	Address	Attachments	Membership Details					
Next Corresponding Address * Address Line 1 * Address Line 2 Address Line 3	OFFICE		in reducing provide the provide second	Address	Attachments	Membership Details					
Next  Orresponding Address *  Address Line 1 *  Address Line 2  Address Line 3  City *	OFFICE		in reducing provide the provide second	Address	Attachments	Membership Details					
Next Corresponding Address * Address Line 1 * Address Line 2 Address Line 3 City * Postcode *	OFFICE Please select your correspondence		used for mailing purpose.	Address	Attachments	Membership Details					

## 9. Upload Customer Academic/Professional Qualification Details

\*(Please complete this one time process, you may edit any details as your wish)

It is a MANDATORY to upload all necessary scanned **attachments** of Certificate / Professional / PhD / Master / Degree / Diploma / and etc. for verification. Once it has been uploaded, click the "**Save**" and click "**Next**" button to continue.



## **10.** Select Membership Category, then complete the Confirmation & Declaration section.

\*(Please complete this one time process, you may edit any details as your wish)

For new applicant/upgrade, please select your membership category accordingly (refer to the description below).

Then please complete the Confirmation & Declaration section. (For new/renewal/reactivate members)

Once finished, click the "Submit" button to continue to the payment page.

Registration	Student & Membership	Bursary & Accountin	e-Learning				MII Membership Ca
> Home					1.		
۲							Four categories are a
Customer Membership							a. Affiliate
<ol> <li>All information given</li> <li>Any of educational</li> </ol>	en will be treated as pri l certificate requires the			sary)			Affiliation shall b (Definition of "en programme or en
Personal Details	Employment Details	Academic Qualification	Profesional Qualification	Address	Attachments	Membership Details	
Submit							b. Ordinary
							Has attained the
Membership Applicatio	n						Has a recognised
Registration Type	New	*					Has been engage
Category *		Ť					
Individual Fee (RM)	GST Inclusive (If applicat	ole)					c. Associate
Membership for year	2019	*					Has attained the
Registration Date	08/02/2018						Has passed the e
Commence Date	08/02/2018						Has been engage
Expiry Date	30/06/2019						
Admission Fee (RM)	50.00						d. Fellow
Requirements and Qua	lificationsLOADING.						Has attained the
Please select Member	rship Category						Has passed the P
Knowledge Centre (Libr	ary Deposit)						Has been engage
I would like to apply refund after 1 year.	for the library borrowir	ng facility and agreed to place	the deposit of RM150.00 ar	d subject to its	terms and condit	ions. Eligible for	
Applicant's Confirmatio	n and Declaration						Important Not
I hereby declare that Membership. *	t all information given is	s true and correct. In acceptir	ng the MII Membership, I agr	ee abide by the	e rules & regulatio	ns of the MII	MII has the right
	conditional and unequiv	ocal consent to the MII to pr					though you have

#### ategories

s follows:

e open to all individuals engaged or employed in insurance. \* gaged or employed in insurance" is inclusive of students of insurance related nployees of financial institutions and other entities)

age of 23 years old;

professional qualification or degree in any discipline ed or employed in the insurance industry for not less than two (2) years

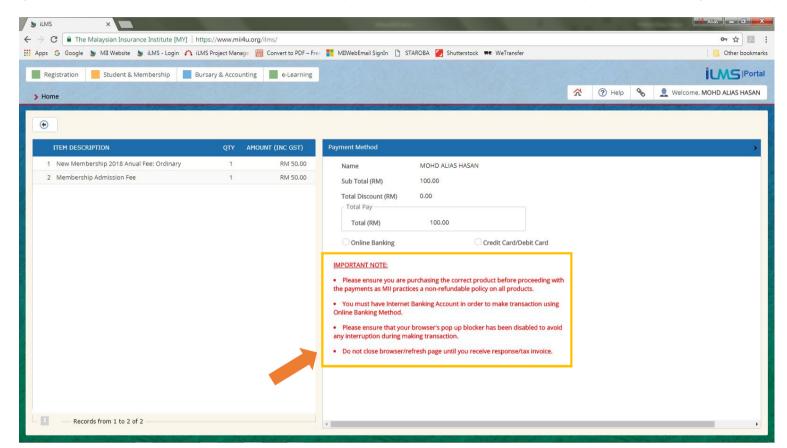
age of 21 years old; examination of The Malaysian Insurance Institute (AMII) ed or employed in the insurance industry for not less than two (2) years

age of 23 years old; Prescribed Examinations; and ed or employed in the insurance industry for not less than four (4) years

e: Please select your Membership Category wisely as ht to approve or disapprove your application even ve successfully made payment and received you receipt.

## **11. Payment Process**

Fill in necessary payment details. Please read the important note before complete the payment process.



Upon successful transaction, a payment receipt will be issued and can manually be printed.