



MII INSTITUTIONAL MEMBERSHIP FORM

(1st January 2010 – 31 December 2010)

email: miimembers@mii.org.my Website : <http://www.insurance.com.my>

Kindly complete and return this form together with the membership renewal payment.

Company :
 Address :
 Tel. No. :
 Fax No. :
 Contact Person : Email :

Accredited Representative

Name :
 Designation : Email :

Existing New Alternate Representative (if defers from existing representative)

Name :
 Designation :

Institutional Membership Fee

Total Institutional Membership Subscription Payable = _____ (No of staff) x RM25 = RM _____ (a)

Individual Membership Fee (If you are paying for your staff MII individual membership subscription)

Readmission/Registration fee _____ x RM 20 = _____
for new member (Kindly provide list)

Annual Subscription

Affiliate & Ordinary members: _____ x RM35 = _____

Associate members: _____ x RM95 = _____

Fellow members: _____ x RM150 = _____

Total Annual Individual Fees payable: RM _____ (b)

I declare the information given is correct:

Signature: _____

Name: _____

Payment Instruction :

Total Annual Membership Subscription for 2010 RM _____ (a + b)

Enclosed is cheque/bankdraft/money order no : _____ for _____ made payable to **THE MALAYSIAN INSURANCE INSTITUTE.**

Online Banking RHB Account:- 2-64160-00004670 (Local Currency)

We will process your application after receiving your payment. Confirmation will be made by email or fax.