

Chapter Serial No: \_\_\_\_\_



# The Institute of Internal Auditors India

Global Headquarters, 247 Maitland Avenue Altamonte Springs, Florida 2701-4201 USA

Phone: +1-407-937-1111 Fax: +1-407-937-1101 Email: CustomerRelations@theiia.org

## MEMBERSHIP APPLICATION

The completed application should be submitted to the local Chapter of The Institute of Internal Auditors India

Please Type or Print Clearly (if more space is necessary, attach separate sheet)

### PERSONAL DATA

Name. Mr/Ms/Mrs

\_\_\_\_\_  
(First) (Middle) (Last)

Home Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ PIN Code \_\_\_\_\_

Home Phone No. Landline \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail ID: \_\_\_\_\_

Mails to be sent to your ☐ Home Address ☐ Business Address [Tick one]

Name exactly as you want it to appear on membership certificate [IN CAPITAL LETTERS]

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## **EDUCATION**

Graduation Degree \_\_\_\_\_ Year \_\_\_\_\_

Highest Degree \_\_\_\_\_ Year \_\_\_\_\_

Professional Qualifications, if any (Mention name of the Institute and year of qualification)

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## **BUSINESS DATA**

Company Name: \_\_\_\_\_

Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ PIN Code \_\_\_\_\_

Company Phone No. \_\_\_\_\_ Extn: \_\_\_\_\_ Direct: \_\_\_\_\_

Company Size by number of employees /Locations \_\_\_\_\_

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Designation/Job Title \_\_\_\_\_

Nature of Responsibilities \_\_\_\_\_

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Period Employed \_\_\_\_\_ Years in present position \_\_\_\_\_

Are the internal auditing activities of your company  
under your jurisdiction?

Yes ☐

Partly ☐

No ☐

Do you direct & supervise internal audits

Yes ☐

Partly ☐

No ☐

Number of Internal audit staff \_\_\_\_\_

Specify fully the nature of your internal audit duties \_\_\_\_\_

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## **REFERENCES**

Two reference names are required. It is preferable that one of them be a member of The Institute of Internal Auditors. The second reference should be a business acquaintance. If you do not know a member of The Institute, give two business references. References are not required for persons holding Certified Internal Auditor [CIA] designation.

1. Name \_\_\_\_\_  
Position \_\_\_\_\_  
Business Affiliation \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_  
Telephone Office \_\_\_\_\_ Residence \_\_\_\_\_  
Member of IIA: Yes ☐ No ☐

2. Name \_\_\_\_\_  
Position \_\_\_\_\_  
Business Affiliation \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_  
Telephone Office \_\_\_\_\_ Residence \_\_\_\_\_  
Member of IIA: Yes ☐ No ☐

<b>Chapter Affiliation desired in The Institute of Internal Auditors India</b> Hyderabad <input type="checkbox"/> Bangalore <input type="checkbox"/> Bombay <input type="checkbox"/> Calcutta <input type="checkbox"/> Delhi <input type="checkbox"/> Madras <input type="checkbox"/>
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I hereby declare that:

1. All information given by me in this application is true and correct
2. I have read and will abide by the Code of Ethics adopted by The Institute of Internal Auditors to govern its members.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# Undertaking

I hereby undertake that I shall NOT USE any abbreviations like MIIA (USA), AIIA (USA) or FIIA (USA) with my name on my letter head or visiting cards as per restrictions imposed by IIA, Florida, USA. I further undertake that I will pay my annual subscription regularly on 1<sup>st</sup> April every year, and in case my name is removed from the Membership Register of the Institute, I shall return the Membership Certificate and not misuse or mis-represent the Membership of The Institute.

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Applicant's Signature

## Membership Fees

**Annual Membership Fees effective June 1, 2016**

**[In Indian Rupees]**

<b>Fees</b>	<b>Entrance Fee Rs.</b>	<b>Annual Membership Fee Rs.</b>	<b>Total Rs.</b>	<b>Service Tax @ 15% Rs.</b>	<b>Total Amount Rs.</b>
Continuing Members	0	3,000	3,000	450	3,450
New Members	1500	3,000	4,500	675	5,175

**Cheques/DD to be drawn in favour of "Institute of Internal Auditors India"**

For more information on Chapter Membership contact Chapter Office at the address below:

**The Institute of Internal Auditors India - Madras Chapter**  
**C/o Mountbattan & Co. Flat No. 7, Kailash Apartment 3rd Floor**  
**New No. 9, Thiruvengadam Street, West Mambalam, Chennai 600 033.**  
**Contact No: 9884716160, 9710438407, 9962025259 [during office hours only]**

**Send Email confirming despatch of documents to:**

[info@iiamadras.org](mailto:info@iiamadras.org)

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FOR CHAPTER OFFICE USE ONLY

Date of receipt of application \_\_\_\_\_

Reviewed and scrutiized by \_\_\_\_\_

Approved by: