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## **BUSINESS DATA**

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **City** \_\_\_\_\_

**State/Province** \_\_\_\_\_ **Zip/Pin Code** \_\_\_\_\_ **Country** \_\_\_\_\_

**Business Phone (Mention country & city code)** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

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

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

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

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

**Are the auditing activities of your company**

**under your jurisdiction?**

**Yes ( )**

**Partly ( )**

**No ( )**

**Do you direct & supervise audits**

**Yes ( )**

**Partly ( )**

**No ( )**

**Number of Internal auditors on company staff** \_\_\_\_\_

**Specify fully the nature of your auditing duty** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **REFERENCES**

Two reference names are required. It is preferable that one of them be a member of The Institute of Internal Auditors, Inc. The second reference should be a business acquaintance. If you do not know a member of The Institute, give two business references. References not required for CIAs.

**1. Name** \_\_\_\_\_

**Position** \_\_\_\_\_

**Business Affiliation** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **City** \_\_\_\_\_

**State/Province** \_\_\_\_\_ **Zip/Pin Code** \_\_\_\_\_ **Country** \_\_\_\_\_

Telephone Office \_\_\_\_\_ Residence \_\_\_\_\_  
Member of IIA: Yes ( ) No ( )

2. Name \_\_\_\_\_  
Position \_\_\_\_\_  
Business Affiliation \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_ Zip/Pin Code \_\_\_\_\_ Country \_\_\_\_\_  
Telephone Office \_\_\_\_\_ Residence \_\_\_\_\_  
Member IIA: Yes ( ) No ( )

**Chapter Affiliation Desired (please strike out others)**  
**BANGALORE / BOMBAY / CALCUTTA / DELHI / MADRAS**

**Please select appropriate membership classification.**  
..... Member      ..... Associate Member      ..... Student Member  
..... Retired Member      ..... Educational Associate Member  
Classification is subject to determination by the International Admission Committee.

**I declare that:**

- 1. All information contained 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, Inc., to govern its members.**

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

\_\_\_\_\_  
**Date**

***Please complete:***

Total Amount Paid: Rs 2250/- (Rs.....)  
Admission Fee Rs. 750/- ..... Annual Subscription Rs.1500/-.....  
Others, if any .....  
Details of Cheque .....  
.....

Signature .....

**CLASSES OF MEMBERSHIP**

- MEMBER** : Individual who have direct jurisdiction over internal auditing Activities or are actively engaged as internal auditors.
- ASSOCIATE MEMBER** : Corporate officers, public accountants, and others qualified by Experience, who are engaged in fields related to internal auditing And cannot qualify as members.
- EDUCATIONAL ASSOCIATE MEMBER** : Individuals principally employed as educators or writers.
- STUDENT MEMBER** : Open to those engaged full time in the study of internal auditing Or related courses who cannot qualify as a member, Associate or Educational Associate Member.
- RETIRED STATUS** : Open to any one who has either been or is presently a member in Good standing of The Institute and who is retired.
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**APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE**

**FOR CHAPTER: (One signature necessary)**

Date Received \_\_\_\_\_ Recommended class membership \_\_\_\_\_

Chapter name and number \_\_\_\_\_

For Chapter Board of Governors \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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**CHAPTERS : PLEASE DO NOT WRITE BELOW THIS LINE**

**FOR INSTITUTE OFFICE:**

Class \_\_\_\_\_ Date received \_\_\_\_\_

Application Fee \_\_\_\_\_

Approved : Director of Membership Services

International Admission Committee

Date \_\_\_\_\_

Date \_\_\_\_\_

## UNDERTAKING

“ I hereby undertake that I shall NOT USE any abreviations 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 in the beginning of the accounting 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.”

( signature )

- Pls Note :**
1. DD/Cheque should be in favour of “ Institute of Internal Auditors-India, Delhi Chapter “.
  - 2 Pls send your application at address : The Institute of Internal Auditors-India, Delhi Chapter, Flat No. 1523-A, 15<sup>th</sup> floor, Devika Tower, 6, Nehru Place, New Delhi -110019. Ph- 01146538628, MOB - 09711497730 .