



1. Personal Details

Title	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Other (please specify) <input type="text"/>
Name	<input type="text"/>			
Surname	<input type="text"/>			
I.D. card no.	<input type="text"/>	Date of birth	<input type="text"/>	
Qualifications	<input type="text"/>			
Postal address	<input type="text"/>			
	<input type="text"/>			
E-mail address	<input type="text"/>			
Tel. office	<input type="text"/>	Tel. residence	<input type="text"/>	Tel. no. mobile <input type="text"/>
Place of work	<input type="text"/>			
Designation	<input type="text"/>			

2. Sector of Work Activity (please tick only one)

i. In public practice	<input type="checkbox"/>
ii. Accountancy/Finance related position in industry/commerce	<input type="checkbox"/>
iii. Non-Accountancy related position in industry/commerce	<input type="checkbox"/>
iv. Public Sector/Government Entities	<input type="checkbox"/>
v. In education	<input type="checkbox"/>
vi. Other (please specify)	<input type="text"/>

3. Degrees Held

i. B. A. (Hons.) Accountancy	<input type="checkbox"/>
ii. ACCA	<input type="checkbox"/>
iii. ICAEW	<input type="checkbox"/>
iv. CIMA	<input type="checkbox"/>
v. Others (please specify)	<input type="text"/>



4. Declaration

I declare that I am a person of good standing and that I hold a clean Police Conduct Certificate.

The MIA reserves the right to request a copy of the Police Conduct Certificate from a random selection of applicants.

5. Referee

Please provide the relevant referee details as required below:

Name

Surname

Address

Tel.

Fax

E-mail

Job title/occupation

The referee must be a Member or Fellow of the Institute. The referee does not need to sign this application form however the MIA reserves the right to obtain the required reference.

6. Consent

By signing this Application Form:

I understand that from time to time, MIA will send me information by e-mail ranging from administrative notices to continuing professional development opportunities and news pertaining to the Accountancy Profession and the exercise thereof.

I undertake that if admitted as an Associate, my contact details would be included in the Members' directory which is freely accessible on the MIA website.

Tick if you do not wish to have your contact details published in the Member's Directory

I give consent to MIA to seek proof of my qualification from ACCA (if you are an ACCA/MIA Joint Examination Scheme graduate) or from the University of Malta (if you are a University graduate). *In all other cases please provide a detailed transcript or a copy of the relevant degree.*

Signature

Date
