

Date: \_\_\_\_\_

Email : [membership@ctim.org.my](mailto:membership@ctim.org.my)

Fax No: 03-2162 8990 or 03-2161 3207

Chartered Tax Institute of Malaysia

Dear Sir

**AUTHORIZATION TO CHARGE CREDIT CARD**

I, \_\_\_\_\_ Membership No: \_\_\_\_\_ hereby

authorize Chartered Tax Institute of Malaysia to charge my credit card, details as follows for the:-

<b>Membership Subscription</b>	<b>RM</b>	
Associate	<input type="text"/>	RM 265.00
Fellow	<input type="text"/>	RM 318.00
Provisional	<input type="text"/>	RM 190.80
<b>New Application</b>		
Admission	<input type="text"/>	RM 212.00
Subscription	<input type="text"/>	RM 265.00
<b>Courier Charges</b>		
West Malaysia	<input type="text"/>	RM 15.00
East Malaysia	<input type="text"/>	RM 20.00
<b>Other Charges</b>		
Refer to CTIM	<input type="text"/>	
Total	<input type="text"/>	

All Charges inclusive of GST

Card Holder Name (as per credit card) \_\_\_\_\_

Bank: \_\_\_\_\_ Visa / Master

Credit Card No: \_\_\_\_\_

Card Expiry Date : \_\_\_\_\_ (month/year)

Card Holder Signature :