

Date :

Email : membership@ctim.org.my

Fax No: 03-21628990 or 03-21613207

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 :-

Membership Subscription	RM	RM
Associate	<input type="text"/>	250.00
Fellow	<input type="text"/>	300.00
Provisional	<input type="text"/>	180.00
Admission		
(New Application)	<input type="text"/>	200.00
Courier Charges		
West Malaysia	<input type="text"/>	15.00
East Malaysia	<input type="text"/>	20.00
Other Charges		
(Refer to CTIM)	<input type="text"/>	
TOTAL	<input type="text"/>	

Card Holder Name :
(CAPITAL LETTERS)

Bank : Visa / Master

Credit Card No :

Card Expiry Date :Cardholder Signature :