

**REGISTRATION FORM FOR IMM CERTIFIED TRAINER**

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| **PARTICULARS OF APPLICANT** | | | | |
| **Name of Applicant (as in IC/Passport)** |  | | | **Passport Photo** |
| **Date of Birth** |  | **Age** |  |
| **IC or Passport No.** |  | **IMM Membership No.** |  |
| **Name of Company/ Employer** |  | | |
| **Department/**  **Section** |  | **Current Position** |  | |
| **Company Address** |  | | | |
| **Correspondence Address** |  | | | |
| **Mobile Phone No.** |  | **Email Address** |  | |

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| **TRAINING EXPERTISE/AREA** | |
| **List the program(s) or scheme(s) for registration as certified trainer** |  |

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| **SUBMISSION OF SUPPORTING DOCUMENTS** | |
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| Completed registration form should be submitted with the following supporting documents: | |
|  | |
| Please tick (✓) | |
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|  | Copy of IC/Passport |
|  |  |
|  | Latest curriculum vitae (CV) |
|  | |
|  | Copy of competency certificates or other professional certificates (relevant to trainer’s expertise) |

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| Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **FOR OFFICE USE ONLY** | | | | | | | |
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| Date of Submission: | |  | | Payment: | | RM \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | | | | | | |
| Reviewed by: | | | | | | | |
|  | | | |
| Name: |  | | |
| Date: |  | | |
|  | | | | | | | |
| Date of ECP Approval: | | |  | | Certificate No.: | |  |
| **Fees Payable and Payment Mode** | | | | | | | |

Applicant is required to make payment for the following fees payable, **upon notification from IMM**:

* Registration fee of RM100
* IMM membership fee according to membership grade ***(Applicant shall be required to have a 5-year IMM membership from the date of registration)***
* Entrance/processing fee for membership ***(not applicable for existing IMM members)***

Payment can be made by cheque, telegraphic transfer, bank draft, cash deposit machine or via online/internet banking to the following bank account:

**Account Name: Institute of Materials, Malaysia**

**Account No: 8009055156**

**Swift Code: CIBBMYKL**

**Bank Name: CIMB BANK**

**Country: Malaysia**

Please email your bank in slip or transaction receipt as your payment proof to [secretariat@iomm.org.my](mailto:secretariat@iomm.org.my).

*For any inquiries, please refer to IMM website at* [*www.iomm.org.my*](http://www.iomm.org.my)*. You may also contact IMM Secretariat via email at* [*secretariat@iomm.org.my*](mailto:secretariat@iomm.org.my)*, call at 03-7661 1591 or WhatsApp at 018-911 3480.*