



Application Form for Re-certification

Name of Applicant (as in IC/Passport)				Photo
Date of Birth	Day / Month / Year	Age		
IC or Passport No.				
Certificate No.		Issue Date		Expiry Date
Highest Educational Qualification				
Name of Company/ Employer				
Department/Section		Current Position		
Company Address				
Office Phone No.		Office Fax No.		
E-mail				
Home Address				
Home Phone No.		Mobile Phone No.		

Employment record of last five years. Please provide complete information and details. Use additional sheet if needed.

	Job History, Position and Department	Date	Job Description
First Year			
Second Year			
Third Year			
Fourth Year			
Fifth Year			

Other activities (participation in seminar, courses, lectures, certification test, writing academic, book presentation, patents etc). Use additional sheet if needed.

Signature of Applicant: _____

Date: _____

Confirmation from Supervisor/Manager/Client	
I hereby confirm that the above particulars provided by the applicant are correct.	
Name:	Position:
Signature:	Company Stamp:

Submission of Supporting Documents

Applicants are required to submit the following document with this application form. Completed re-certification form should be submitted 6 months before the expiry date of certificate. Please tick (✓).

- Copy of IC/Passport
- Latest curriculum vitae (CV)
- Copy of current IMM competency certificate and card
- Copies of certificates of related courses attended to show professional development (if any)
- Any other documentary proof (if available) to show continued use of the skills required
- Proof of payment (incl. re-certification fee + IMM Membership fee)

For IMM's Use Only

Re-certification Suitability Checklist

- Continued work experience in the related field
- Attended training or course(s) to show professional development

Remarks: _____

- Payment received

Decision on Re-certification

Yes No Comments: _____

Reviewed by IMM Secretariat

Approved by (on behalf of ECP)

Name: _____
Date: _____

Name: _____
Date: _____

PAYMENT MODE

Payment can be made by cheque, telegraphic transfer, bank draft, cash deposit machine or via online/internet banking as follows:

Account Name:	Institute of Materials, Malaysia
Account No:	8009055156
Swift Code:	CIBBMYKL
Bank Name:	CIMB BANK
Country:	Malaysia

Please email your bank in slip as your payment proof to secretariat@iommm.org.my.

For fees payable and other inquiries, contact IMM Secretariat via email or call at 03-7880 1753. You can also refer to IMM website (www.iommm.org.my).