



CYPRUS INSTITUTE OF INTERNAL AUDITORS

MEMBER NO:

(For official use only)



MEMBERSHIP APPLICATION FORM

To the Management Board of the Cyprus Institute of Internal Auditors

I, by the present application, request to be accepted as a member of the Cyprus Institute of Internal Auditors. I submit a payment for the total amount of €85 (€25 for the registration fee and €60 for one year's subscription fee), and declare the following:

| 1. Personal details | |
|----------------------------------------------------|--|
| Name (CAPITAL LETTERS) | |
| Surname (CAPITAL LETTERS) | |
| Identity Card Number | |
| Birth Date | |
| Academic Qualifications (copy attached) | |
| Professional Qualifications (copy attached) | |

| Residential address | | | |
|----------------------------|--|-------------------------|--|
| Street & Number | | Town/Community | |
| Home telephone | | Postal Code | |
| Personal e-mail | | Mobile Telephone | |

| 2. Employment details | | | |
|--------------------------|-------------------------------------------------------------------------------------|-----------------------|--|
| Employer's name | | | |
| Employer's sector | Public Sector/Government/Semi-Government/Audit Firm/Financial Services/Other | | |
| Business e-mail | | Telephone | |
| Current position | | Fax | |
| Street | | Town/Community | |
| Country | | Postal Code | |

| | | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| 3.1. Preferred correspondence <u>address</u> | Business address | Home address |
| | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |
| 3.2. Preferred correspondence <u>e-mail</u> (you may select both email addresses) | Business e-mail | Personal e-mail |
| | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |

4. Background information

Have you ever been convicted of a criminal or disciplinary offence or are there any charges against you?

Yes

No

If yes, provide details

5. Reference (to be signed by the referrer)

The following professional, having personal knowledge of the applicant, supports his/her application for registration as a Member of IIA Cyprus and confirms that, to the best of his/her knowledge, the information contained in this application form is correct and precise:

| | | | |
|------------------|--|------------------|--|
| Name | | Surname | |
| Company | | Sector | |
| Position | | | |
| E-mail | | Telephone | |
| Signature | | Date | |

6. Personal Data Protection

The personal data of the applicant will be kept and processed in accordance to the Processing of Personal Data (Protection of the Individual) Law of 2001.

I herewith declare that:

- In case I am accepted as a member of the Institute, I am fully committed to the provisions of the Institute's Articles and Memorandum of Association, which I have read and understood, and to the applicable rules and regulations, as these are decided upon by the Institute's Management Board, from time to time.
- With my registration as a member of the Institute, I am committed to apply the Code of Ethics of the Global Institute of Internal Auditors (IIA), which I have read and understood (www.global.theiia.org).
- All the above data concern myself and is true, accurate and complete. In case of any change, I will inform the Institute accordingly. I understand that any false or misleading statement on my behalf in this application form may lead to disciplinary action against me or may constitute null and void any decision made by IIA Cyprus with respect to this application.

Signature:

Date: