



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: 50px; height: 20px;" type="text"/>	<input style="width: 50px; 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: 50px; height: 20px;" type="text"/>	<input style="width: 50px; 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.theia.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.



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IMPORTANT NOTICE

When **IIA CYPRUS** processes your membership, your given name, family name, email address, membership status and local member account number are shared with The Institute of Internal Auditors (The IIA) Global Headquarters, who will create and email you directly with your Global Account Number (**GAN**) and instructions to activate your global member account, so that you may access member-only benefits on www.globaliia.org and, if needed, manage your certification program in the Certification Candidate Management System (CCMS).

Signature:

Date: