

PUBLICATION ORDER FORM

FULL NAME: _____

MEMBERSHIP/STUDENT NO.: _____ TEL NO.: _____

FIRM/ORGANISATION: _____

POSTAL ADDRESS: _____

I wish to purchase the following publications:

No.	Description	Quantity	Amount (RM)
Enclosed herewith the total amount of:			
Postage:			

Payment by Cash (can be made at MICPA office)

Payment via Online Banking
CIMB Bank Berhad
Wisma Genting Branch, Ground Floor, Wisma Genting, 28 Jalan Sultan Ismail, 50250 Kuala Lumpur
A/c No. : 8001554071
A/c Name : MICPA
Swift Code : CIBBMYKL

(Kindly fax or email the fund transfer advice/bank in slip to ksl.acc@micpa.com.my for record purposes)

Payment by Cheque

Enclosed is a crossed cheque No : _____ for RM _____ made payable to "THE MALAYSIAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS" or "MICPA". (If outstation cheque, please include RM0.50 as bank charges.)

Payment by Credit Card

Please charge my Credit Card: Visa MasterCard for RM _____

Credit Card No : _____ Expiry Date : _____

Issuing Bank : _____

Cardholder's Name : _____ Signature (as per card) : _____

FOR OFFICE USE

Receipt No: _____ Amount: _____

Date Dispatch: _____ Signature: _____