**COMPANIES (PRACTISING CERTIFICATE FOR SECRETARIES) REGULATIONS 2019**

**Regulation 9(1)**

**NOTIFICATION OF CHANGE IN THE PARTICULARS OF SECRETARY**

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| **SECTION A : CHANGE IN THE PARTICULARS OF PERSONAL INFORMATION** |
| Type of Changes | 🞎 Change of Residential Address 🞎 Change of Residential Phone Number🞎 Change of Mobile Phone Number 🞎 Change of Email Address  | Date of Change: DD/MM/YYDate of Change:Date of Change:Date of Change: |
| Name  | : |
| ID No. | : |
| New Residential Address  | : |
|  |  |
| City | : |
| Postcode | : |
| State | : |
| New Residential Phone Number | : |
| New Mobile Phone Number  | : |
| New email Address | : |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION B : CHANGE IN THE PARTICULARS OF QUALIFICATION**

|  |  |  |
| --- | --- | --- |
| Type of Changes | 🞎 Change of Qualification 🞎 Change of Annual Membership Renewal Date | Date of Change: DD/MM/YYDate of Change: |

 |
| Qualification of SecretaryLicense / Membership No. | 🞎 Licensed Secretary (LS) 🞎 Malaysian Association of Company Secretaries (MACS).🞎 Malaysian Institute of Chartered Secretaries and Administrators (MAICSA)🞎 Malaysian Institute of Accountants (MIA)🞎 Malaysian Institute of Certified Public Accountants (MICPA)🞎 Sabah Law Association (SLA)🞎 Advocates Association of Sarawak (AAS)🞎 Malaysian Bar (BC): |
| License Expiry / Annual Membership Renewal Date  | : |
| (Please attach the company secretary license / membership certificate and official receipt for payment of annual membership / subscription fees issued by the approved body) |
| **SECTION C : CHANGE IN THE PARTICULARS OF COMPANY SECRETARY’S OFFICE**  |
| Type of Changes | 🞎 Change of Employment/Practising in Secretarial Services Status Date of Change: DD/MM/YY🞎 Change of Employment Type Date of Change: 🞎 Change of Office Address Date of Change: 🞎 Change of Office Contact Information Date of Change:  |

|  |  |
| --- | --- |
| I am currently employed or practising in secretarial services | : 🞎 Yes 🞎 No (If “Yes”, please complete the information below) |
| Employment Type  | : 🞎 Service Provider 🞎 In-house |
| Entity Type | : 🞎 Company 🞎 Business 🞎 Limited Liability Partnership (LLP) 🞎 Non-Audit Firm 🞎 Business License (Sabah/Sarawak)🞎 State/Federal Authority 🞎 Legal Firm  🞎 Others – Please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Entity Name  | : |
| Entity No. | : |
| Office Address  | : |
|  |  |
| City | : |
| Postcode | : |
| State | : |
| Office Phone Number | : |
| Office Fax Number  | : |
| Office Email Address | : |

Dated this ……………………………..day of …………………….20.....

**Declaration:**

I confirm that the facts and information stated in this document are true and to the best of my knowledge.

**Signed by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Secretary/PC holder)

Name :

SSM PC No. :

**Attention:**

It is an offence under section 591 of the Companies Act 2016 to make or authorize the making of a statement that a person knows is false or misleading and that person may be liable, upon conviction, to imprisonment for a term not exceeding ten years or to a fine not exceeding RM3million or to both.

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| --- |
| **LODGER INFORMATION** |
| Name | : |
| NRIC No | : |
| Address | : |
| Phone No | : |
| Email | : |