**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/YY  Date 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/YY  Date of Change: | | | | | |
| Qualification of Secretary  License / 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.

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