



INSTITUTE OF MARKETING MALAYSIA

APPLICATION FOR CPM (ASIA)

CERTIFIED PROFESSIONAL MARKETEEER (ASIA)

SUBJECTS I WISH TO TAKE

Date of Exam

- Marketing Research
- Integrated Marketing Communications
- Marketing Strategy
- Asia Pacific Business
- Asia Pacific Marketing Management

Attach one photo
here

IMPORTANT

- Please complete the form in full
- Application with incomplete information and not accompanied by copies of supporting documents that are “Certified True Copies” will not be considered.
- If you are company sponsored, please ensure to complete the section “to be completed by applicant’s company”

FOR OFFICIAL USE ONLY

INTAKE

APPROVED

REJECT

AUTHORISED SIGNATURE:

DATE:

(A) PERSONAL DETAILS

FULL NAME : _____

NRIC / NO : _____

TITLE : _____ DR/MR/MRS/MS/MDM/PROF/OTHERS)

GENDER : (M – MALE / F – FEMALE) DATE OF BIRTH: / /

Date / Month / Year

MARITAL STATUS : (S - SINGLE / M - MARRIED)

NATIONALITY : _____

HOME ADDRESS: _____

HOME TELEPHONE: _____ H/PHONE: _____

COMPANY TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS : _____

(B) PRESENT EMPLOYMENT DETAILS

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY TELEPHONE : _____ FAX: _____ EMAIL: _____

MAILING ADDRESS : [] (H-home / O-office) Company Size: _____ EMPLOYEES

NATURE OF BUSINESS : _____

DESIGNATION : _____

YEARS AT THIS POSITION _____ FROM: _____ / _____
month / Year

NUMBER OF STAFF REPORTING TO YOU: _____

(C) WORK EXPERIENCE

List in chronological order, starting with current position. Only full-time experience should be listed:

FR (YEAR)	TO (YEAR)	NAME OF COMPANY	DESIGNATION

A) TOTAL NO. OF YEARS OF WORKING EXPERIENCE

[][] YEARS [][] MONTHS

B) TOTAL NO. OF YEARS OF WORKING EXPERIENCE IN SALES/MARKETING/ BUSINESS FUNCTION

[][] YEARS [][] MONTHS

(D) EDUCATIONAL QUALIFICATION

IMPORTANT:

Certified photocopies of supporting documents must be attached. Certification may also be made at IMM upon presentation of originals.

DEGREE

DEGREE TITLE _____

INSTITUTION _____

DIPLOMA

DIPLOMA TITLE _____

INSTITUTION _____

OTHER QUALIFICATIONS

QUALIFICATION TITLE _____

INSTITUTION _____

(Please list additional qualifications on a separate sheet if necessary. Documentary proof must be attached.)

(E) PROFESSIONAL QUALIFICATION

1. _____

2. _____

3. _____

(Please list additional qualifications on a separate sheet if necessary. Documentary proof must be attached.)

(F) IMM QUALIFICATION

1. _____

2. _____

3. _____

(Please list additional qualifications on a separate sheet if necessary. Documentary proof must be attached.)

(G) MEMBERSHIP WITH PROFESSIONAL ORGANISATIONS

1. _____

2. _____

3. _____

(Please list additional qualifications on a separate sheet if necessary. Documentary proof must be attached.)

PURPOSE OF ATTENDING THE PROGRAMME, PLEASE TICK (✓) WHERE APPROPRIATE

- TO GET AN ORIENTATION ON SALES/ MARKETING/ BUSINESS.
- TO HAVE GREATER DEPTH OF KNOWLEDGE ON SALES/ MARKETING/ BUSINESS.
- TO KNOW HOW TO APPLY THE CONCEPTS.
- TO GAIN PROFESSIONAL COMPETENCE ON SALES/ MAKETING/ BUSINESS MANAGEMENT.
- OTHERS, PLEASE SPECIFY: _____

**FROM WHICH SOURCE DID YOU FIRST LEARN ABOUT THE PROGRAMME YOU ARE APPLYING?
PLEASE TICK (✓) WHERE APPROPRIATE.**

- NEWSPAPER ADVERTISEMENT EXHIBITIONS COMPANY
- COURSE BROCHURE FRIENDS WEBSITE
- OTHERS, PLEASE SPECIFY: _____

CHECK LIST:

- COPIES OF CERTIFIED SUPPORTING DOCUMENTS ARE ATTACHED.
- 1 PASSPORT-SIZE PHOTOGRAPH.
- 1 PHOTOCOPY OF IC OR PASSPORT.

I hereby apply for the programme stated. I declare that all information given is true and correct. I also agree to abide by the decision of the Institute as to my eligibility for the course. I agree to abide by the Constitution and Bye-Laws of the Institute and also code of ethics.

Date

Signature

IF YOU ARE COMPANY SPONSORED, PLEASE ENSURE THAT THIS SECTION IS COMPLETED BY YOUR COMPANY.

TO BE COMPLETED BY APPLICANT'S COMPANY

DECLARATION

1. The company is willing to finance the applicant. Yes No
2. If this applicant is admitted, it is understood that he will not be asked to absent himself from lectures except for serious emergencies.

Name & Designation of Company Official

Signature & Date

Company Stamp



INSTITUTE OF MARKETING MALAYSIA

PLEASE SEND COMPLETED FORM TO:

INSTITUTE OF MARKETING MALAYSIA

BLOCK C-3A, SUNWAY PJ 51A,
JALAN SS9A/19, 47300 PETALING JAYA,
SELANGOR DARUL EHSAN

TEL: 03-7874 3089 / 7874 6726 FAX: 03-7876 3726

EMAIL: imm.malaysia@gmail.com

WEBSITE: www.imm.org.my