



**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/ MARKETING/ 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](mailto:imm.malaysia@gmail.com)

WEBSITE: [www.imm.org.my](http://www.imm.org.my)



## CPM (Asia) Qualifying Examination - Registration Form

### CLOSING DATES:

1st MARCH 2024 FOR APRIL 2024 EXAMINATIONS /  
1st SEPTEMBER 2024 FOR OCTOBER 2024 EXAMINATIONS

**Print or type your name as you wish it to be shown on official CPM records including Transcript and Certificate.**

Miss  Ms.  Mrs.  Mr.  Dr. (Please tick ✓ boxes as appropriate)

Full Name: \_\_\_\_\_  
(Please write clearly and underline surname)

National Identification No./Passport No.: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Nationality: \_\_\_\_\_ Race: \_\_\_\_\_

### MAILING INFORMATION (Please write clearly and give full details)

Preferred Mailing Address  Company  Home

Company Name (As it appears on enclosed business card)

#### Company Address (Do not use PO Box)

Street

Suite/Floor

City

State/Province

Country

Zip/Postal Code

Office Telephone No: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Home Address (Do not use PO Box)

Apt. No

City

State/Province

Country

Zip/Postal Code

Home Telephone No.: \_\_\_\_\_ Area Code ( )

### EDUCATION QUALIFICATIONS

Please tick the highest qualification you have attained

'O' Level or Equivalent  'A' Level or Equivalent  Diploma  Degree  Others (please specify) \_\_\_\_\_

Please specify your other qualifications (academic and/or professional) including any professional/management courses attended (state the university/institution)

Beginning with your **current position**, list only **full-time**, paid employment.

	Current Position	Prior Position #1	Prior Position #2	Prior Position # 3
Dates (Month and Year) From/To				
Job Title				
Description of Job				
Management Level (senior, middle or junior)				
Name of Firm				
Describe Main Business Activity of Firm				

\* If space is insufficient, please continue on a piece of paper.

1. I would like to register for the CPM (Asia) Qualifying Exam for the period:

Apr \_\_\_\_\_ (fill in year)     Oct \_\_\_\_\_ (fill in year)

2. Subjects I wish to enter:

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

3. In registering for Qualification of the Certified Professional Marketer, CPM (Asia) Status, I agree to all conditions as to its eligibility, Examination and other requirements of the CPM (Asia) which AMF has adopted.

4. I agree that to be awarded the CPM (Asia), in addition to passing the 5 examinations, I must meet the requirements for 3 years of marketing experience, high standards of professional and business conduct.

**5. I have enclosed certificates of my academic qualifications and evidence of working experience.**

6. Please do not attach payment. We will invoice you upon acceptance of your application.

7. I certify that all the information and statements in this application are complete and true.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Endorsed by National Marketing Association (state):

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return Registration Form through your local national marketing association:

**INSTITUTE OF MARKETING MALAYSIA**  
 Block C-3A, Sunway PJ51A,  
 Jalan SS 9A/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



# INSTITUTE OF MARKETING MALAYSIA

(Patron: The Honourable Minister of International Trade and Industry.)

*Business is Marketing*

## APPLICATION FOR INDIVIDUAL MEMBERSHIP

(Application through CPM – compulsory if you are not yet a member of IMM)

PHOTO

FOR IMM USE ONLY

MEMBERSHIP NO.	
DATE APPROVED	
REMARKS	

### (A) PERSONAL DETAILS

NAME : \_\_\_\_\_

NRIC NO. : \_\_\_\_\_ SEX : \_\_\_\_\_ (M-Male / F-Female) RACE : \_\_\_\_\_

MARITAL STATUS : \_\_\_\_\_ (S-Single / M-Married) DATE OF BIRTH : \_\_\_\_\_ (Date / Month / Year)

HOME ADDRESS : \_\_\_\_\_

HOME TELEPHONE NO. : \_\_\_\_\_ MOBILE : \_\_\_\_\_

EMAIL : \_\_\_\_\_

### (B) PRESENT EMPLOYMENT DETAILS

COMPANY NAME : \_\_\_\_\_

COMPANY ADDRESS : \_\_\_\_\_

OFFICE CONTACT NO. : \_\_\_\_\_ OFFICE FAX NO. : \_\_\_\_\_

COMPANY SIZE : \_\_\_\_\_ EMPLOYEES : \_\_\_\_\_

NATURE OF BUSINESS : \_\_\_\_\_

DESIGNATION : \_\_\_\_\_ Years at this position \_\_\_\_\_ From \_\_\_\_\_

NUMBER OF STAFF REPORTING TO YOU : \_\_\_\_\_

### (C) WORKING EXPERIENCE

(Please provide current and one previous position)

Year From	Year To	Name of Company	Position Held	Nature of Job

### TO WHOM DO YOU REPORT?

Name : \_\_\_\_\_ Position : \_\_\_\_\_

Please describe your job responsibilities:

\_\_\_\_\_



**(D) QUALIFICATION DETAILS**

ACADEMIC & PROFESSIONAL QUALIFICATIONS (State the highest qualification achieved and enclose documentary proof)

Qualification	Discipline / Specialization	Institution	Year Awarded

PROFESSIONAL MEMBERSHIP : \_\_\_\_\_

**(E) CATEGORY OF MEMBERSHIP :**

(For more details visit [www.imm.org.my](http://www.imm.org.my))

Ordinary     Associate     Student

**(F) FEEDBACK** (Please tick where applicable)

How did you come to know of IMM Membership ?

- Friends / Colleagues / Business
- IMM Courses / Seminars / Events
- Publications of IMM
- Newspapers
- Others : Please specify : \_\_\_\_\_

Category	Ordinary	Associate	Student
Entrance Fee	RM 75	RM 60	-
Annual Subscription	RM 100	RM 80	RM 50

Which service provided by IMM is attractive to you ?

- 10% - 20% Discount on Training Programmes
- Free IMM Publications
- Discounted rate for social activities
- Others : Please specify : \_\_\_\_\_

**(G) HOBBIES**

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Golf Player : No / Yes : \_\_\_\_\_ Handicap \_\_\_\_\_

**(H) CORRESPONDENCE ADDRESS :** \_\_\_\_\_ (Please indicate with O – Office OR H – Home)

**(I) DECLARATION :**

I hereby apply for membership of the Institute of Marketing Malaysia. 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 an appropriate category of membership. If accepted, I agree to abide by the Constitution and Bye-Laws as well as the Code of Ethics of the Institute. I also agree to pay the corresponding entrance fee and annual subscription for that category of membership.

Signature of Applicant : \_\_\_\_\_ Date : \_\_\_\_\_

**Please send completed form and remittance to:**

**INSTITUTE OF MARKETING MALAYSIA**

Block C-3A, Sunway PJ 51A, Jalan SS9A/19, 47300 Petaling Jaya, Selangor Darul Ehsan  
Tel: 03-78743089 / 78746726 Fax: 03-78763726 / Email: [imm.malaysia@gmail.com](mailto:imm.malaysia@gmail.com) / Website: [www.imm.org.my](http://www.imm.org.my)

Payment of membership fees via bank transfer can be made to our account as follows:

Name of Bank: RHB Bank Bhd  
 Branch: SS2, Petaling Jaya, Selangor  
 Account Name: Institute of Marketing Malaysia  
 Account Number: 2124 – 0600 – 011319  
 Swift Code: RHBBMYKL

OR



**Billor Code:** 80408  
**Ref-1:** Company/Individual Name  
**Ref-2:** CPM (ASIA) - MONTH/YEAR

**JomPAY** online at Internet and Mobile Banking with your Current, Savings or Credit Card account