



INSTITUTE OF MARKETING MALAYSIA



Asia Marketing Federation

## **Certified Professional Marketer CPM (Asia)**

### **Application Forms to be submitted:**

Kindly fill up all three – (3) application forms and submit to IMM preferably at least two-(2) months before the respective exam date, please check the exact closing date in this document.

1. IMM APPLICATION FOR CPM (ASIA) Program
2. CPM (Asia) Qualifying Examination – Registration
3. IMM Individual Membership Application Form (if you are not yet a member of IMM).



**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**  
1G – 1<sup>ST</sup> FLOOR BANGUNAN SKPPK,  
JALAN SS 9A / 17, 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)



Asia Marketing Federation

## CPM (Asia) Qualifying Examination - Registration Form

### CLOSING DATES:

**22 AUGUST 2018 FOR OCTOBER 23 AND 25 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 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 5 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**  
 1G – 1<sup>ST</sup> FLOOR, BANGUNAN SKPPK,  
 JALAN SS 9A / 17, 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**

1G-1<sup>ST</sup> FLOOR, BANGUNAN SKPPK, JALAN SS 9A/17, 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



**Bill 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