Dear Sir/Madam,

The Certification in Risk Management Assurance (CRMA) exams are available in Indonesia!

The exams are available in English only.

**Please read these instructions carefully:**

**Contents**


**Registration**

To register for the exams, please complete the registration form and related supporting documents.

For your convenience, all documents are attached to this email, including:

- Registration form
- Experience verification form
- Character reference form
- Code of ethics
- Industry codes
- Job codes

Complete / accurate documents should be submitted to Putri Kusumaningtyas via courier / post only.

Incomplete / inaccurate documents can't be accepted.

Documents submitted via facsimile / email can't be accepted.

Within 2 weeks of submitting your documents, you will receive an "authorisation to test" via email.

This 2 week period is the maximum period guaranteed by IIA HQ, although we hope that you will receive your "authorisation to test" in a shorter period of time.

However, please don’t ask about the status of your registration within this 2 week period, as it may delay the processing of all registrations and will delay the processing of your registration – noting it might require your documents to be pulled from the queue, after which they will be returned to the end of the queue.

**Payment**

Currently, exam fees are:

- **For members:**
  - Registration fee – USD 115
  - Exam fee – USD 380

- **For non-members:**
  - Registration fee – USD 230
  - Exam fee – USD 495

In addition, there are some other fees, as follows:

- Exam extension fee or 30 days – USD 50
- Exam extension fee or 60 days – USD 75
- Exam extension fee or 90 days – USD 100
- Exam rescheduling fee – USD 75

**Bank details:**

Account name: IIA Indonesia
Bank: Bank Mandiri
Branch: Jakarta Gedung Patra Jasa
Account no.: 070-00-0700484-4 (USD Account) or 070-00-0700483-6 (IDR Account)
Obviously, the exams fees for members are significantly cheaper than the exam fees for non member – so it makes sense to pay IDR 850,000 and become a member before submitting your documents.

To get more information about IIA membership, please contact the IIA Indonesia office – hendy@iia-indonesia.org / (021) 8378-2174.

Booking


Currently, there are 2 testing sites in Jakarta and Surabaya (i.e. Salemba and AMD Center).

However, please note that these testing sites have limited computers and are also used for other exams, so please book the exams approximately 60 days in advance.

In addition, please note that you must book and sit for the exams within 180 days from the date on your “authorisation to test”.

Sitting

After booking the exams, it is your responsibility to attend the exams without any reminders from IIA Indonesia.

Please note that there are strict requirements for changing these bookings, and that the exam fees will be forfeited for not attending the exams, or allowing the 180-day period to expire.

Completion

On the date of the exams, you must attend the exam sites with your ID cards / documents on time, and follow all instructions provided by the Pearson Vue staff.

These staff must follow strict guidelines about the supervision and administration of the exams.

Upon completing the exams, you will immediately receive your informal results.

Results / Certificates

Your formal results will be issued approximately 1 month after sitting for the exams.

For successful candidates, your certificates will become available approximately 3 months after receiving your results.

General

If you have any questions, please contact Putri Kusumaningtyas, or visit the IIA website – www.globaliia.org.

Best regards,

Putri Kusumaningtyas
Certifications Administrator
The Institute of Internal Auditors Indonesia (IIA Indonesia)

Gedung Bina Sentra, 1st Floor, Suite 103
Komplek Bidakara
Jl. Jend. Gatot Subroto Kav. 71-73
Jakarta 12870, Indonesia

+62 21 8378-2174 (phone)
+62 21 8378-2175 (fax)
putri@iia-indonesia.org
www.iia-indonesia.org
IIA Registration Form

INFORMATION ABOUT CANDIDATE

NAME / IIA IDENTIFICATION NUMBER

Name: ____________________________________________________________________________

Note: Please write your name as it should appear on your certificate.

Are You An IIA Member? Yes No

IIA Identification Number: __________________________________________________________________

Note: This number was provided by IIA Indonesia after submitting your membership form.

Have You Previously Registered For IIA Certification Program? Yes No

IIA Identification Number: __________________________________________________________________

Note: This number was provided by IIA Indonesia after submitting your registration form.

Special note: Ideally, the above numbers should be the same – if not, IIA HQ / Indonesia will try to consolidate your membership and certification data under one of these numbers.

DEMOGRAPHIC DATA

Gender (male/female): ________________________________________________________________

Date of Birth (mm/dd/yy): ____________________________________________________________

COMPANY / JOB TITLE

Company Name: _________________________________________________________________

Job Title: ____________________________________________________________

Industry Code: _________________________________________________________________

Note: Please refer standard industry codes.

Job Code: ________________________________________________________________

Note: Please refer standard job codes.

ADDRESS

Building/Level: _________________________________________________________________

Street/Street Number: ____________________________________________________________

City/State/Postcode/Country: ______________________________________________________

CONTACT DETAILS

Telephone Number: ________________________________________________________________

Facsimile Number: _______________________________________________________________

Email Address: _________________________________________________________________
### REGISTRATION

**Certified Internal Auditor (CIA)**

<table>
<thead>
<tr>
<th>Part I</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part II</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Part III</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Certification in Control Self-Assessment (CCSA)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Certified Financial Services Auditor (CFSA)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Certified Government Audit Professional (CGAP)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Certification in Risk Management Assurance (CRMA)</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### DOCUMENTATION

<table>
<thead>
<tr>
<th>Document</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Form</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Experience Verification Form</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Character Reference Form</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>CCSA Facilitation Form</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Education Certificate (copy)</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Name of Education Certificate:** ______________________________________________________________

*Note: Please insert name of your highest education certificate.*

**Name of Professional Certificate:** ____________________________

*Note: Please insert name of your professional certificate.*

### STATEMENT OF COMPLETENESS AND ACCURACY

I certify that all information provided in this form is complete and accurate.

**Signature / Date:** ____________________________________________________________________________

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**FOR USE BY IIA INDONESIA ONLY**
IIA Experience Verification Form

NOTE TO RECOMMENDER

The candidate named below has applied to one of The Institute of Internal Auditors’ certification programs. In considering the candidate’s qualifications for any of our certifications, we require experience verification by an individual with an IIA certification, or the candidate’s supervisor. The basis for this experience is:

- Certified Internal Auditor (CIA) – 2 years if internal audit (or equivalent) experience;
- Certification in Control Self-Assessment (CCSA) – 1 year of risk/control business experience;
- Certified Financial Services Auditor (CFSA) – 2 years of audit experience in financial services environment; or
- Certified Government Audit Professional (CGAP) – 2 years of audit experience in government environment.
- Certified in Risk Management Assurance (CRMA) – 2 years of audit experience or controls-related business experience such as risk management, quality assurance, or CSA.

INFORMATION ABOUT CANDIDATE

NAME

Name: ________________________________________________________________

Candidate has applied to these certification programs:

Certified Internal Auditor (CIA) □ Yes □ No
Certification in Control Self-Assessment (CCSA) □ Yes □ No
Certified Financial Services Auditor (CFSA) □ Yes □ No
Certified Government Audit Professional (CGAP) □ Yes □ No
Certification in Risk Management Assurance (CRMA) □ Yes □ No

EXPERIENCE

Experience should appear in chronological order, starting from most recent experience:

1. Organization: ____________________________________________________________
   Job Title: ________________________________________________________________
   Start Date: __________________________________________________________________
   Finish Date: __________________________________________________________________
   Description of Duties: _________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
(2) Organization : _______________________________________________________
Job Title : _______________________________________________________
Start Date : _______________________________________________________
Finish Date : _______________________________________________________
Description of Duties: ________________________________________________
____________________________________________________________________
____________________________________________________________________

(3) Organization : _______________________________________________________
Job Title : _______________________________________________________
Start Date : _______________________________________________________
Finish Date : _______________________________________________________
Description of Duties: ________________________________________________
____________________________________________________________________
____________________________________________________________________

INFORMATION ABOUT RECOMMENDER

NAME / QUALIFICATION

Name : _______________________________________________________

I am (check all that apply):

Certified Internal Auditor (CIA) □ Yes □ No
Certification in Control Self-Assessment (CCSA) □ Yes □ No
Certified Financial Services Auditor (CFSA) □ Yes □ No
Certified Government Audit Professional (CGAP) □ Yes □ No
Certification in Risk Management Assurance (CRMA) □ Yes □ No
Candidate’s current/prior supervisor □ Yes □ No

COMPANY / JOB TITLE

Company Name : _______________________________________________________
Job Title : _______________________________________________________

**ADDRESS**

Building/Level : _________________________________________________________________

Street/Street Number : ____________________________________________________________

City/State/Postcode/Country : _______________________________________________________

**CONTACT DETAILS**

Telephone Number : _______________________________________________________________

Facsimile Number : ________________________________________________________________

Email Address : _________________________________________________________________

**STATEMENT OF EXPERIENCE VERIFICATION**

In my opinion, the candidate named on this form meets the requirements set forth by The Institute of Internal Auditors.

Signature / Date: __________________________________________________________________

FOR USE BY IIA INDONESIA ONLY
IIA Character Reference Form

NOTE TO RECOMMENDER

The candidate named below has applied to one of The Institute of Internal Auditors’ certification programs. In considering the candidate’s qualifications for any of our certifications, we require a character reference by an individual with an IIA certification, or the candidate’s supervisor. The basis for this character reference is The Institute of Internal Auditors’ Code of Ethics, refers attached, or www.globaliia.org.

INFORMATION ABOUT CANDIDATE

Name: ____________________________________________________________

INFORMATION ABOUT RECOMMENDER

NAME / QUALIFICATION

Name: ____________________________________________________________

I am (check all that apply):

Certified Internal Auditor (CIA)                      □ Yes  □ No

Certification in Control Self-Assessment (CCSA)     □ Yes  □ No

Certified Financial Services Auditor (CFSA)         □ Yes  □ No

Certified Government Audit Professional (CGAP)      □ Yes  □ No

Certification in Risk Management Assurance (CRMA)   □ Yes  □ No

Candidate’s current/prior supervisor               □ Yes  □ No

COMPANY / JOB TITLE

Company Name: ______________________________________________________

Job Title: ___________________________________________________________

ADDRESS

Building/Level: _____________________________________________________

Street/Street Number: _______________________________________________

City/State/Postcode/Country: __________________________________________

CONTACT DETAILS

Telephone Number: ___________________________________________________

Facsimile Number: ___________________________________________________

Email Address: _______________________________________________________

STATEMENT OF CHARACTER REFERENCE

In my opinion, the candidate named on this form meets the requirements set forth by The Institute of Internal Auditors.

Signature / Date: _________________________________________________________________

FOR USE BY IIA INDONESIA ONLY
IIA Code of Ethics

INTRODUCTION

The purpose of The Institute of Internal Auditor’s Code of Ethics is to promote an ethical culture in the profession of internal auditing.

Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organization’s operations. It helps an organization accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.

A code of ethics is necessary and appropriate for the profession of internal auditing, founded as it is on the trust placed in its objective assurance about risk management, control, and governance. The Institute’s Code of Ethics extends beyond the definition of internal auditing to include two essential components:

1. Principles that are relevant to the profession and practice of internal auditing; and
2. Rules of Conduct that describe behavior norms expected of internal auditors.

These rules are an aid to interpreting the Principles into practical applications and are intended to guide the ethical conduct of internal auditors. The Code of Ethics together with The Institute’s Professional Practices Framework and other relevant Institute pronouncements provide guidance to internal auditors serving others. “Internal auditors” refers to Institute members, recipients of or candidates for IIA professional certifications, and those who provide internal auditing services within the definition of internal auditing.

APPLICABILITY AND ENFORCEMENT

This Code of Ethics applies to both individuals and entities that provide internal auditing services. For Institute members and recipients of or candidates for IIA professional certifications, breaches of the Code of Ethics will be evaluated and administered according to The Institute’s Bylaws and Administrative Guidelines. The fact that a particular conduct is not mentioned in the Rules of Conduct does not prevent it from being unacceptable or discreditable, and therefore, the member, certification holder, or candidate can be liable for disciplinary action.

PRINCIPLES

Internal auditors are expected to apply and uphold the following principles:

Integrity

The integrity of internal auditors establishes trust and thus provides the basis for reliance on their judgment.

Objectivity

Internal auditors exhibit the highest level of professional objectivity in gathering, evaluating, and communicating information about the activity or process being examined. Internal auditors make a balanced assessment of all the relevant circumstances and are not unduly influenced by their own interests or by others in forming judgments.

Confidentiality

Internal auditors respect the value and ownership of information they receive and do not disclose information without appropriate authority unless there is a legal or professional obligation to do so.

Competency

Internal auditors apply the knowledge, skills, and experience needed in the performance of internal auditing services.
RULES OF CONDUCT

1. Integrity

Internal auditors:

1.1 Shall perform their work with honesty, diligence, and responsibility.
1.2 Shall observe the law and make disclosures expected by the law and the profession.
1.3 Shall not knowingly be a party to any illegal activity, or engage in acts that are discreditable to the profession of internal auditing or to the organization.
1.4 Shall respect and contribute to the legitimate and ethical objectives of the organization.

2. Objectivity

Internal auditors:

2.1. Shall not participate in any activity or relationship that may impair or be presumed to impair their unbiased assessment. This participation includes those activities or relationships that may be in conflict with the interests of the organization.
2.2. Shall not accept anything that may impair or be presumed to impair their professional judgment.
2.3. Shall disclose all material facts known to them that, if not disclosed, may distort the reporting of activities under review.

3. Confidentiality

Internal auditors:

3.1. Shall be prudent in the use and protection of information acquired in the course of their duties.
3.2. Shall not use information for any personal gain or in any manner that would be contrary to the law or detrimental to the legitimate and ethical objectives of the organization.

4. Competency

Internal auditors:

4.1. Shall engage only in those services for which they have the necessary knowledge, skills, and experience.
4.2. Shall perform internal auditing services in accordance with the International Standards for the Professional Practice of Internal Auditing.
4.3. Shall continually improve their proficiency and the effectiveness and quality of their services.

FOR USE BY IIA INDONESIA ONLY
IIA Industry Codes (simplified)

Select the industry code that best describes your organization, and enter this industry code in your registration form:

0100 – Agricultural, forestry and fisheries
1000 – Mining
1300 – Oil and gas
1500 – Construction
2000 – Manufacturing
4000 – Transportation
4810 – Telecommunications
4900 – Utilities
5000 – Wholesale trade
5300 – Retail trade
6000 – Banking
6200 – Security and commodity trading
6300 – Insurance
7310 – Management consulting
7320 – Information technology consulting
8900 – Public accounting
9100 – Federal / national government
9200 – State / provincial government
9300 – Local government
9400 – International government
9900 – Others

FOR USE BY IIA INDONESIA ONLY
IIA Job Codes (simplified)

Select the job code that best describes your role, and enter this job code in your registration form:

200 – Chief Audit Executive
220 – Audit Manager
230 – Audit Staff
250 – IT Audit Manager
260 – IT Audit Staff
280 – Public Accountant
300 – Corporate Management
310 – Educator
320 – Student
330 – Retired
340 – Audit Committee Member
350 – Management Consultant
360 – Other

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