



SISV-APFM Accredited Managing Agents

c/o 20 Maxwell Road #10-09B Maxwell House, Singapore 069113

Tel : 6222-3030 Fax : 6225-2453 Email: ama@siv.org.sg

Applying For (tick one only) : Category A Category B

APPLICATION FORM

SECTION A – *Company’s Particulars (Attach copy of ACRA Business Profile – Instant Information)			
Name of Company		Tel (Main Line)	
Registered Address of Business		Fax No	
Contact Person & Designation		Tel (DID)	
Contact Email (Compulsory)		Website address (if any)	
*Paid-up Capital (Attach copy of ACRA Business Profile – Instant Information) Category A – either a partnership or company with limited liability with a minimum paid up capital of \$100,000 Category B – at least a sole proprietor			
RCB No	Date of Incorporation	Paid Up Capital	
*Professional Indemnity Insurance (Attach policy schedule front cover only) Minimum Amount : \$500,000 (Category A); \$100,000 (Category B)			
Insurer		Limits of Liability	Expiry date of Policy
SECTION B – Strata Developments Currently Managed (Attach separate sheet if necessary)			
#Type of Development: Commercial ; Residential ; Industrial			
MCST No	Name of Strata Development	No. of Units	#Type of Development

* tick appropriate box; ** attach photocopy

SECTION C – Particulars of Director/Partner/Shareholder/Sole Proprietor	
1 Name (as in NRIC)	NRIC/Passport No
*Position Held: <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Sole Proprietor	DOB(dd/mm/yy)
*Affiliate to: <input type="checkbox"/> SISV <input type="checkbox"/> APFM <input type="checkbox"/> NA	*Membership Class: <input type="checkbox"/> FSISV <input type="checkbox"/> MSISV <input type="checkbox"/> FAPFM <input type="checkbox"/> MAPFM
** Relevant Academic Qualifications (State type of Diploma/Degree, Year Obtained & University [eg. MBA 2001 Victoria Uni])	
*Experience in Property Management <input type="checkbox"/> No <input type="checkbox"/> Yes, please state no. of years of experience (years)	
2 Name (as in NRIC)	NRIC/Passport No
*Position Held: <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Sole Proprietor	DOB(dd/mm/yy)
*Affiliate to: <input type="checkbox"/> SISV <input type="checkbox"/> APFM <input type="checkbox"/> NA	*Membership Class: <input type="checkbox"/> FSISV <input type="checkbox"/> MSISV <input type="checkbox"/> FAPFM <input type="checkbox"/> MAPFM
** Relevant Academic Qualifications (State type of Diploma/Degree, Year Obtained & University [eg. BSc(EstMan) 1996 NUS])	
*Experience in Property Management <input type="checkbox"/> No <input type="checkbox"/> Yes, please state no. of years of experience (years)	
3 Name (as in NRIC)	NRIC/Passport No
*Position Held: <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Sole Proprietor	DOB(dd/mm/yy)
*Affiliate to: <input type="checkbox"/> SISV <input type="checkbox"/> APFM <input type="checkbox"/> NA	*Membership Class: <input type="checkbox"/> FSISV <input type="checkbox"/> MSISV <input type="checkbox"/> FAPFM <input type="checkbox"/> MAPFM
** Relevant Academic Qualifications (State type of Diploma/Degree, Year Obtained & University [eg. BSc(Engrg) NTU 1996])	
*Experience in Property Management <input type="checkbox"/> No <input type="checkbox"/> Yes, please state no. of years of experience (years)	
4 Name (as in NRIC)	NRIC/Passport No
*Position Held: <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Sole Proprietor	DOB(dd/mm/yy)
*Affiliate to: <input type="checkbox"/> SISV <input type="checkbox"/> APFM <input type="checkbox"/> NA	*Membership Class: <input type="checkbox"/> FSISV <input type="checkbox"/> MSISV <input type="checkbox"/> FAPFM <input type="checkbox"/> MAPFM
** Relevant Academic Qualifications (State type of Diploma/Degree, University & Year Obtained [eg. BSc(EstMan) NUS 1996])	
*Experience in Property Management <input type="checkbox"/> No <input type="checkbox"/> Yes, please state no. of years of experience (years)	

* tick appropriate box; ** attach photocopy

SECTION D – Particulars of Key Management Staff (KMS) / Employee (Attach organisation chart)

Category A: At least one Key Management Staff (KMS) holding a bachelor degree or equivalent professional qualification in the relevant field of estate or building management & has at least 5 years of work experience in property management on a full time basis; AND (i) at least one employee holding other relevant degree or equivalent professional qualification; **OR** (ii) at least two employees holding a recognised diploma in estate or building management with similar experience of at least 5 years as KMS. [1KMS+1E(degree) or 1KMS+2E(dip)]

Category B: At least one KMS holding a diploma in the relevant field of estate and building management and has at least 3 years of work experience in property management on a full time basis.

1 Name	NRIC/Passport No	DOB (dd/mm/yy)
Qualifications/ Year Obtained/University [eg.BSc(EstMan) NUS 2006]	*Member of SISV and/or APFM (tick appropriate box) <input type="checkbox"/> FSISV <input type="checkbox"/> MSISV <input type="checkbox"/> FAPFM <input type="checkbox"/> MAPFM <input type="checkbox"/> NA	
Position Held	Date Joined	* <input type="checkbox"/> KMS * <input type="checkbox"/> Employee
Past experience in property management		
Company Name	Last Position Held	No of Yr/Mth
2 Name	NRIC/Passport No	DOB (dd/mm/yy)
Qualifications/ Year Obtained/University [eg.BSc(EstMan) 1996 NUS]	*Member of SISV and/or APFM (tick appropriate box) <input type="checkbox"/> FSISV <input type="checkbox"/> MSISV <input type="checkbox"/> FAPFM <input type="checkbox"/> MAPFM <input type="checkbox"/> NA	
Position Held	Date Joined	* <input type="checkbox"/> KMS * <input type="checkbox"/> Employee
Past experience in property management		
Company Name	Last Position Held	No of Yr/Mth
3 Name	NRIC/Passport No	DOB (dd/mm/yy)
Qualifications/ Year Obtained/University [eg Dip(Bldg) SP 1993]	*Member of SISV and/or APFM (tick appropriate box) <input type="checkbox"/> FSISV <input type="checkbox"/> MSISV <input type="checkbox"/> FAPFM <input type="checkbox"/> MAPFM <input type="checkbox"/> NA	
Position Held	Date Joined	* <input type="checkbox"/> KMS * <input type="checkbox"/> Employee
Past experience in property management		
Company Name	Last Position Held	No of Yr/Mth

* tick appropriate box; ** attach photocopy

Declaration by Applicant

1. I/We declare that all information stated and provided herein are true and correct.
2. I/We agree to abide by all the terms and conditions specified in the SISV/APFM Accreditation Scheme.
3. I/We will inform Secretariat of any changes to the particulars of the company's directors, Key Management Staff, etc.
4. *Has any of the Proprietor/Partners/Directors/Shareholders or Key Management Staff been convicted in a Court of Law
 No Yes (please give details on a separate sheet of paper)

Authorised Signatory	Date	Company Stamp
Name of Authorised Signatory	Designation	

***Checklist** (please ensure that copies of all relevant documents are submitted together with the Form):

- ACRA Business Profile – Instant Information
- PI insurance policy schedule (showing policy no, name of insured, limit of liability, period of cover)
- List of strata titled developments currently managed
- Organisation chart and copy of relevant academic qualifications
- Crossed cheque payable to **“SISV-APFM Accreditation Account”**

Accreditation Fees (excludes GST, subject to review without prior notice)

SISV/APFM member means if the Director/Partner/Shareholder/Sole Proprietor is a member of SISV and/or APFM

Category A Registration Fee \$540 (SISV/APFM member); \$600.00 (Non Member)

Category B Registration Fee \$270 (SISV/APFM member); \$300.00 (Non Member)

FOR OFFICIAL USE

Accreditation Committee Recommendation <input type="checkbox"/> Cat A <input type="checkbox"/> Cat B <input type="checkbox"/> Reject Date.....	Assessment Panel Approved on (date) Accreditation Period Till (date) MemNo.....
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* tick appropriate box; ** attach photocopy