

**SINGAPORE INSTITUTE OF SURVEYORS & VALUERS**

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

Tel: 65 62223030 Fax: 65 62252453 Website: www.sisv.org.sg

APPLICATION FOR CERTIFICATE IN CONTRACT ADMINISTRATION (6th Intake) COURSE

Category ☐ SISV Member / Staff of Member Firms
 (Please tick) ☐ CIJC(SIA, IES, SCAL, SIBL, SPM, REDAS, ACES)
☐ Non-Member

*Attached a
recent
passport-size
photograph*

Applicant Information-----

Applicant Information collected in this form is solely for the purpose of processing your application for enrolment.

Name as in NRIC/Passport (underline surname) Mr / Mrs / Miss			English Name (if any)
NRIC/Passport No	Date of Birth	Citizenship	Gender : Male / Female
Company		Designation	
Address (O)			
Address (H)			
Email Address# (compulsory)		Handphone	Phone (O) / (H)

All communications shall be through email.

Academic Information (Certified true copies of your academic certificates must be submitted with this form)

Institution	Year	Full-time / Part-time	Qualifications Achieved

Employment History

Organisation	Length of Service	Position Held

Registration / Payment

Course Fee per Trainee		SDF Assistance Per Trainee	Pay to SISV
Member or Staff of SISV Member Firm	\$1,016.50 (Incl GST)	*Terms & Conditions applies	\$880.50
CIJC Member	\$1,284.00(Incl GST)		\$1,148.00
Non Member	\$1,605.00 (Incl GST)		\$1,469.00

SPONSORED BY COMPANY: YES / NO**APPLY SDF: YES / NO**

(Please provide Company endorsement letter if participant is sponsored by Company and/or applying for SDF Assistance)

***NOTE:**

- Full payment must be made before commencement of course.
- Company sponsoring their employee/staff applying for SDF Assistance must enroll online with SDF Easy Net at least one working day before commencement of course. Otherwise they will not be eligible for any SDF Assistance.
- Please complete Form SEN 2C if Companies without access to the internet applying for SDF Assistance. This form must be submitted at least one working day before commencement of course.

Employer's Name & Signature
Date:

Company Stamp

Applicant's Signature
Date:**For Official Use**

Batch # _____ Cheque: _____ Amount: _____ Official Receipt: _____

Note: The Institute reserves the rights to cancel or postpone the course