

# Singapore Institute of Surveyors and Valuers

110 Middle Road #09-00 Chiat Hong Building Singapore 188968 Tel: +65 6222-3030 <http://www.sisv.org.sg>

## MEMBERSHIP APPLICATION FORM

Every section is to be completed by Applicant. Incomplete form and/or omission of relevant supporting documents may cause delay in the process of your application. Please (✓) tick where appropriate.

**Notes:**

- Applicant must submit the application form with relevant supporting document(s), relevant certificates and transcript(s), and processing fee to respective divisions for completeness check before approaching proposer/seconders for endorsement.
- ^A non-refundable processing fee \$32.40** (inclusive of GST) is applicable to all new applications. This fee, payable either via cheque to "Singapore Institute of Surveyors and Valuers" or via bank transfer<sup>1</sup> is to be included with the application form. <sup>1</sup>Our bank details: DBS Current account # 007 005007 0 **^with effect from 1 March 2021**

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| *New Applicant applying for       | <input type="radio"/> Fellow <input type="radio"/> Member <input type="radio"/> Probationer <input type="radio"/> TechMem <input type="radio"/> Student<br>**Mode of entry: <input type="checkbox"/> Academic <input type="checkbox"/> Mature-Age <input type="checkbox"/> Reciprocal #<br># <input type="checkbox"/> AIQS <input type="checkbox"/> API <input type="checkbox"/> HKIS <input type="checkbox"/> NZIQS <input type="checkbox"/> NZPI <input type="checkbox"/> ISA<br>#Membership Class..... #Year Elected..... | RECENT<br>PASSPORT-SIZE<br>PHOTO |
| ** refer to Membership Conditions |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |
| *Transfer Applicant               | <input type="radio"/> Stu to Prob <input type="radio"/> TechM to Prob <input type="radio"/> Prob to Mem <input type="radio"/> Mem to Fel<br>Year Elected    Stu.....    TechMem.....    Prob.....    Mem.....                                                                                                                                                                                                                                                                                                                |                                  |

### SECTION 1: PERSONAL PARTICULARS *(please print or type all information)*

|                                              |               |     |             |                                                                                    |                |
|----------------------------------------------|---------------|-----|-------------|------------------------------------------------------------------------------------|----------------|
| Name as in NRIC/Passport (underline surname) |               |     |             | English Name (if any)                                                              |                |
| Dr / Mr / Mdm / Miss                         |               |     |             |                                                                                    |                |
| NRIC/Passport No                             | Date of Birth | Age | Citizenship |                                                                                    | Marital Status |
| Home Address                                 |               |     | Home Tel No |                                                                                    |                |
| Postal Code                                  |               |     | Mobile No   |                                                                                    |                |
| Appraiser Licence No (if any)                |               |     |             |                                                                                    |                |
| Personal Email                               |               |     |             | * Mailing Address<br><input type="checkbox"/> Home <input type="checkbox"/> Office |                |

| *Division (tick one only)                             | Current Area(s) of Professional Practice                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Land Surveying               | <input type="radio"/> Cadastral/Land Management<br><input type="radio"/> Engineering/Tunnel Surveying<br><input type="radio"/> Hydrographic Surveying | <input type="radio"/> Positioning/Measurement<br><input type="radio"/> Spatial Planning/Development/Remote Sensing<br>Others:                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Quantity Surveying           | <input type="radio"/> Building Surveying***<br><input type="radio"/> Consultant QS<br><input type="radio"/> Contractor QS                             | <input type="radio"/> Contract Management<br><input type="radio"/> M&E QS<br><input type="radio"/> Project Management<br><input type="radio"/> Research & Consultancy<br>Others:                                                                                                                                                                                 |
| <input type="checkbox"/> Valuation & General Practice | *Core Area<br>Tick (✓) One only                                                                                                                       | Sub Areas                                                                                                                                                                                                                                                                                                                                                        |
|                                                       | <input type="radio"/> Valuation                                                                                                                       | <input type="checkbox"/> Land & Buildings <input type="checkbox"/> Plant & Machinery <input type="checkbox"/> Business <input type="checkbox"/> Taxation<br>Others:                                                                                                                                                                                              |
|                                                       | <input type="radio"/> Property Management                                                                                                             | <input type="checkbox"/> Estate Management <input type="checkbox"/> Facilities Management <input type="checkbox"/> Building Control<br><input type="checkbox"/> Corporate Real Estate    Others:                                                                                                                                                                 |
|                                                       | <input type="radio"/> Agency & Marketing                                                                                                              | Property Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Industrial <input type="checkbox"/> Residential<br><input type="checkbox"/> Sales <input type="checkbox"/> Leasing/Rental <input type="checkbox"/> Corporate Real Estate <input type="checkbox"/> Auction<br>Others: |
|                                                       | <input type="radio"/> General Practice                                                                                                                | <input type="checkbox"/> Building Surveying <input type="checkbox"/> Planning & Development <input type="checkbox"/> Research & Consultancy<br><input type="checkbox"/> Property Finance & Investment    Others:                                                                                                                                                 |

\*\*Admission is based on applicant's academic qualification

## SECTION 2: ACADEMIC QUALIFICATION & DETAILS (Attach copy of relevant certificates only)

|                                                                                                                         |                            |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Name of Polytechnic/College                                                                                             |                            |
| Place of Study (Campus)                                                                                                 |                            |
| *Mode of Study: <input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Distance Learning |                            |
| Start Date of Course:                                                                                                   | Completion Date of Course: |
| Diploma Obtained                                                                                                        |                            |

|                                                                                                                         |                            |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Name of University                                                                                                      |                            |
| Place of Study (Campus)                                                                                                 |                            |
| *Mode of Study: <input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Distance Learning |                            |
| Start Date of Course:                                                                                                   | Completion Date of Course: |
| Degree Obtained (Bachelor degree with or without Honours)                                                               |                            |

|                                                                                                                         |                            |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Name of University                                                                                                      |                            |
| Place of Study (Campus)                                                                                                 |                            |
| *Mode of Study: <input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Distance Learning |                            |
| Start Date of Course:                                                                                                   | Completion Date of Course: |
| Degree Obtained (Masters and above)                                                                                     |                            |

**SECTION 3: PROFESSIONAL QUALIFICATIONS** *(Attach copy of the relevant certificates only)*

| Name of Professional Body | Country | Membership Class | Year Elected |
|---------------------------|---------|------------------|--------------|
|                           |         |                  |              |
|                           |         |                  |              |
|                           |         |                  |              |

**SECTION 4: DETAILS OF POSITION(S) HELD IN THE INSTITUTE** *(For transfer to Fellow only)*

| Position Held | Year | Service in Council / Divisional Council |
|---------------|------|-----------------------------------------|
|               |      |                                         |
|               |      |                                         |
|               |      |                                         |

**SECTION 5: PAST EMPLOYMENT** *(submit additional info on a separate sheet using the same format if necessary)*

| Name of Company<br>(state country if it is not in Singapore) | Last Position Held | Period (Month/Year) |    | Total No of<br>Year/Month |
|--------------------------------------------------------------|--------------------|---------------------|----|---------------------------|
|                                                              |                    | From                | To |                           |
|                                                              |                    |                     |    |                           |
|                                                              |                    |                     |    |                           |
|                                                              |                    |                     |    |                           |
|                                                              |                    |                     |    |                           |
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|                                                              |                    |                     |    |                           |
|                                                              |                    |                     |    |                           |
|                                                              |                    |                     |    |                           |

## SECTION 6: PRESENT EMPLOYMENT

|                 |              |             |
|-----------------|--------------|-------------|
| Name of Company |              |             |
| Address         |              |             |
|                 |              | Postal Code |
| Position Held   |              | Date Joined |
| Tel No (Main)   | Tel No (DID) | Fax No      |
| Office Email:   |              |             |

Employer's Certification

.....  
Name of Principal/Head of Department/Director

.....  
Signature

.....  
Company's Stamp

## SECTION 7: PROPOSER/SECONDRERS

*Member:* Three Members of the Institute of whom at least one must be a Fellow of the Division appropriate to the applicant; or Two members of the Council of whom one shall be the Divisional President

*Fellow:* Three Fellows of the Institute of whom at least one shall belong to the same Division as the applicant; or Two members of the Council of whom one shall be the Chairman of the Council

| Name in Full | Membership Class<br>( CIRCLE where appropriate ) | Signature |
|--------------|--------------------------------------------------|-----------|
| Proposer     | FSISV / MSISV                                    |           |
| Secunder     | FSISV / MSISV                                    |           |
| Secunder     | FSISV / MSISV                                    |           |

### APPLICANT'S DECLARATION

(i) \*Have you ever been convicted of any criminal offence in Singapore or elsewhere?     No     Yes

(ii) \*Have you ever been declared bankrupt in Singapore or elsewhere?     No     Yes

If "yes" to (i) or (ii), please give full details including dates on a separate sheet of paper

(iii) I have included a non-refundable processing fee of \$32.40 (includes GST).     No     Yes

I declare that the information given herein is true and correct, and if elected, I shall abide by the Constitution and Byelaws of the Institute for the time being in force.

Signature of Applicant .....

Date .....

**OFFICIAL USE**

Acknowledgement Date .....

|                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Entry Route</b></p> <p><input type="radio"/> Accredited Degree / Diploma</p> <p><input type="radio"/> To sit for FEPM Exam</p> <p><input type="radio"/> Reciprocal with .....</p> | <p><b>Class of Membership Applied</b></p> <p><input type="radio"/> Student</p> <p><input type="radio"/> Tech Member</p> <p><input type="radio"/> Probationer ( Acad / RA / Upg )</p> <p><input type="radio"/> Member (Mature / Upgrade from Prob )</p> <p><input type="radio"/> Fellow</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                               |                                                                                                                                               |                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>FEPM</b> Index No .....</p> <p>Exam date .....</p> <p><input type="checkbox"/> Pass      <input type="checkbox"/> Fail</p> <p>.....</p> | <p><b>FEPM</b> Index No .....</p> <p>Exam date .....</p> <p><input type="checkbox"/> Pass      <input type="checkbox"/> Fail</p> <p>.....</p> | <p><b>FEPM</b> Index No .....</p> <p>Exam date .....</p> <p><input type="checkbox"/> Pass      <input type="checkbox"/> Fail</p> <p>.....</p> |
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>APC Interview</b> (Attempt 1)</p> <p>APC Panel .....</p> <p>Date .....</p> <p><input type="checkbox"/> Pass      <input type="checkbox"/> Defer</p> <p>Remark</p> <p>APC Panel Chair signature</p> <p>.....</p> | <p><b>APC Interview</b> (Attempt 2)</p> <p>APC Panel .....</p> <p>Date .....</p> <p><input type="checkbox"/> Pass      <input type="checkbox"/> Defer</p> <p>Remark</p> <p>APC Panel Chair signature</p> <p>.....</p> | <p><b>APC Interview</b> (Attempt 3)</p> <p>APC Panel .....</p> <p>Date .....</p> <p><input type="checkbox"/> Pass      <input type="checkbox"/> Defer</p> <p>Remark</p> <p>APC Panel Chair signature</p> <p>.....</p> |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <p><b>Division Council Recommendation</b></p> <p><input type="checkbox"/> Recommended for :</p> <p style="margin-left: 20px;"><input type="radio"/> Fellow</p> <p style="margin-left: 20px;"><input type="radio"/> Member ( MA / Upg )</p> <p style="margin-left: 20px;"><input type="radio"/> Probationer ( Acad / RA / Upg )</p> <p style="margin-left: 20px;"><input type="radio"/> Tech Mem</p> <p style="margin-left: 20px;"><input type="radio"/> Student</p> | <p><b>Date</b> .....</p> <p><input type="checkbox"/> Not Recommended</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

|                                                                                                                                                        |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <p><b>(For Fellowship Only) AFC Panel Recommendation</b></p> <p><input type="checkbox"/> Recommended      <input type="checkbox"/> Not Recommended</p> | <p><b>Date</b> .....</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|

|                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Council Approval Date</b> .....</p> <p><input type="checkbox"/> Approved as <input type="radio"/> Fellow    <input type="radio"/> Member    <input type="radio"/> Probationer    <input type="radio"/> Tech Mem    <input type="radio"/> Student</p> <p><input type="checkbox"/> Not Approved</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|