

## APPLICATION FOR SISV MEMBER FIRM

Completed form should be returned together with the relevant documents to:  
**Singapore Institute of Surveyors and Valuers**  
 110 Middle Road #09-00 Chiat Hong Building Singapore 188968  
 Tel: 62223030 Fax: 62252453 Website: [www.sisv.org.sg](http://www.sisv.org.sg)

Apply for Member Firm listing under *(please tick one only)*

Land Surveying                       Quantity Surveying                       Valuation & General Practice

For VGP (please tick ONE only):    Valuation    Property Management    Agency & Marketing

### (I) Particulars of Company (attach copy of ACRA BizFile)

Name of Company:	
Registration No:	Incorporation Date:
Principal Activities:	
Registered Business Address:	
Postal Code:	
Tel (Main):	Facsimile:
Email:	
Tel (DID):	Contact Person:

### (II) Ownership of Company

- wholly owned by FSISV and/or MSISV
- more than 50% owned by FSISV and/or MSISV
- \*\*50% or less owned by FSISV and/or MSISV [Note : \*\* refer to item (1) overleaf ]

### (III) Name of Shareholders, Professional Qualifications & Percentage of Share Holding

(Please use a separate sheet if space provided is insufficient, using the same format)

Name of Shareholders	Professional Qualification	Shareholding

\*\*To complete this section if the Ownership of Company is 50% or less owned by FSISV and/or MSISV

#### Name of Managing Director/Head of Department

Name	Membership Class	Position Held / Department

(\* Delete where applicable)

1. \*\*As "The Company" is **owned 50% or less** by FSISV and/or MSISV or other shareholders who do not hold similar and relevant professional qualification, I / We\* enclose herewith the track record and management structure of "The Company" for your review.
  2. I / We\* confirm on behalf of "The Company" that "The Company" shall follow the general procedure and guideline of the respective profession in the course of conducting business and that "The Company" shall be subject to disciplinary action similar to those laid down in the Constitution for Fellow and Member of the Institute.
  3. I / We\* agree on behalf of "The Company" that membership is subject to Council's review. We will notify the Institute within thirty (30) days of any changes in shareholding, directorship or partnership or any change in Management.
  4. I / We\* agree on behalf of "The Company" to pay a yearly membership fee the amount of which shall be decided by the Council.
  5. I / We\* confirm that all information submitted herewith in support of my / our\* application are true and correct to the best of my / our knowledge.
  6. I / We\* understand that our application is subject to review and approve by the Council whose decision shall be final and conclusive.
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\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Name of Authorised Signatory

\_\_\_\_\_  
Company Stamp

\_\_\_\_\_  
Date