

Singapore Institute of Surveyors and Valuers

110 Middle Road #09-00 Chiat Hong Building Singapore 188968 Tel: +65 6222-3030 Fax: +65 6225-2453 <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.

*New Applicant applying for ** refer to Membership Conditions	<input type="radio"/> Fellow <input type="radio"/> Member <input type="radio"/> Probationer <input type="radio"/> TechMem <input type="radio"/> Student **Mode of entry: <input type="checkbox"/> Academic <input type="checkbox"/> Mature-Age <input type="checkbox"/> Reciprocal # # <input type="checkbox"/> AIQS <input type="checkbox"/> API <input type="checkbox"/> HKIS <input type="checkbox"/> NZIQS <input type="checkbox"/> NZPI <input type="checkbox"/> ISA #Membership Class..... #Year Elected.....	RECENT PASSPORT-SIZE PHOTO
*Transfer Applicant Year Elected	<input type="radio"/> Stu to Prob <input type="radio"/> TechM to Prob <input type="radio"/> Prob to Mem <input type="radio"/> Mem to Fel 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 <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 <input type="radio"/> Engineering/Tunnel Surveying <input type="radio"/> Hydrographic Surveying	<input type="radio"/> Positioning/Measurement <input type="radio"/> Spatial Planning/Development/Remote Sensing Others:	
<input type="checkbox"/> Quantity Surveying	<input type="radio"/> Building Surveying*** <input type="radio"/> Consultant QS <input type="radio"/> Contractor QS	<input type="radio"/> Contract Management <input type="radio"/> M&E QS <input type="radio"/> Project Management	<input type="radio"/> Research & Consultancy Others:
<input type="checkbox"/> Valuation & General Practice	*Core Area 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 Others:	
	<input type="radio"/> Property Management	<input type="checkbox"/> Estate Management <input type="checkbox"/> Facilities Management <input type="checkbox"/> Building Control <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 <input type="checkbox"/> Sales <input type="checkbox"/> Leasing/Rental <input type="checkbox"/> Corporate Real Estate <input type="checkbox"/> Auction Others:	
<input type="radio"/> General Practice	<input type="checkbox"/> Building Surveying <input type="checkbox"/> Planning & Development <input type="checkbox"/> Research & Consultancy <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 (state country if it is not in Singapore)	Last Position Held	Period (Month/Year)		Total No of Year/Month
		From	To	

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/SECONDBERS

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 (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

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>Entry Route</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>Class of Membership Applied</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>FEPM Index No</p> <p>Exam date</p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Fail</p> <p>.....</p>	<p>FEPM Index No</p> <p>Exam date</p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Fail</p> <p>.....</p>	<p>FEPM Index No</p> <p>Exam date</p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Fail</p> <p>.....</p>
---	---	---

<p>APC Interview (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>APC Interview (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>APC Interview (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>
---	---	---

<p>Division Council Recommendation</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>Date</p> <p><input type="checkbox"/> Not Recommended</p>
---	--

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

<p>Council Approval Date</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>
