

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 Website: 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) on page 3]

(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

(IV) List of Project undertaken for the last 2 years

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

S/N	Name of Client	Client's Endorsement	Project Title	Project Value
1				
2				
3				
4				

(V) List any legal proceeding involving the firm

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

S/N	Nature of the Legal Action	Parties Involved	Claim Value
1			
2			
3			
4			

Note: Please attach a latest copy of legal search from Lawnet (<https://www.lawnet.sg/lawnet/web/lawnet/home>) together with this application.

1. 1As “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.
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 submit an updated copy of Bizfile – Corporate Compliance and Financial Profile/or any other similar documents required by the Institute for annual review for listing in the SISV Member Firms.
5. I / We* agree on behalf of “The Company” to pay a yearly membership fee the amount of which shall be decided by the Council.
6. 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.
7. I / We* understand that our application is subject to review and approve by the Council whose decision shall be final and conclusive.

(*Delete where applicable)

Authorised Signature

Name of Authorised Signatory

Company Stamp

Date

For Official Use

Recommended by Division (date)

Approved by Council (date)