

# 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.

**^A non-refundable processing fee \$30** (excludes 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 **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
** 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 Year Elected    Stu.....    TechMem.....    Prob.....    Mem.....	

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

Name as in NRIC/Passport (underline surname) Dr / Mr / Mdm / Miss				English Name (if any)	
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/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 ( 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 \$32.10 (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>
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<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>
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<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>
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<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>
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