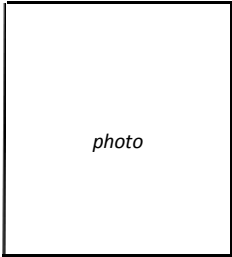




**INSTITUT PENGURUS HARTA DAN FASILITI MALAYSIA
MALAYSIAN INSTITUTE OF PROPERTY AND FACILITY MANAGERS (MIPFM)**

(1682-11-SEL)

RISM Building, 1st floor, Bangunan Juruukur,
64-66, Jalan 52/4, 46200, Petaling Jaya, Selangor
Tel : 03-7960 1261 / 019-600 8022
Email: secretariat@mipfm.org.my
Website : www.mipfm.org.my



MEMBERSHIP APPLICATION FORM

NAME (as in NRIC)					
NRIC No.					
DATE OF BIRTH	Date	Month	Year	NATIONALITY	
GENDER (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female		MOBILE NO.		
NAME OF COMPANY/ FIRM					
ADDRESS OF COMPANY/ FIRM					
DESIGNATION					<input type="checkbox"/> Name Card Attached
TELEPHONE NO.			FAX NO.		
EMAIL ADDRESS					
RESIDENTIAL ADDRESS					
ACADEMIC QUALIFICATIONS					
PROFESSIONAL QUALIFICATIONS					
REGISTRATION WITH BOARD OF VALUERS , APPRAISERS & ESTATE AGENTS MALAYSIA					
OTHER AFFILIATIONS/ ASSOCIATIONS eg. PEPS/RISM/RICS/ MIEA					

*Please attach certified copies by your proposer of the above

WORKING EXPERIENCE

i. Employment History

	Company Name	Designation	Period	Role

*Please attach employment letter or proof of employment

ii. CURRENT EMPLOYER'S DECLARATION

The declaration of this page must be signed by the Principal or Partner in the Candidate's firm, where the candidate is employed, the signature of the head, or his / her authorized deputy of department in which the candidate is engaged.

a) The Candidate is employed in the capacity of:

b) The candidate is engaged on the following duties:

c) Signature of Principal or Head of Department :

.....
Name :
Designation :

APPLICANT'S DECLARATION:

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held responsible for it.

SIGNATURE		DATE APPLIED	
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PROPOSER		SECONDER	
	(signature)		(signature)
NAME		NAME	
MIPFM'S MEMBERSHIP NO.		MIPFM'S MEMBERSHIP NO.	

FOR OFFICE USE ONLY

IN NEED FOR PROFESSIONAL INTERVIEW

Yes No

INTERVIEW RESPONSE

INTERVIEWED BY:

1ST INTERVIEWER		2ND INTERVIEWER	
	(signature)		(signature)
NAME		NAME	
MIPFM'S MEMBERSHIP NO.		MIPFM'S MEMBERSHIP NO.	

APPLICATION APPROVED **APPLICATION NOT APPROVED**

Committee Meeting Date :

Secretary General Sign-off :