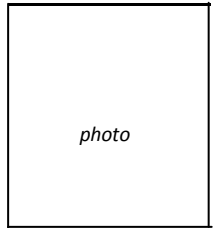




**INSTITUT PENGURUS HARTA DAN FASILITI MALAYSIA**  
**MALAYSIAN INSTITUTE OF PROPERTY AND FACILITY MANAGERS (MIPFM)**

(1682-11-SEL)

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 Jalan Ampang, 50450, Kuala Lumpur  
 Tel : 03-7960 1261 / 019-600 8022  
 Email: secretariat@mipfm.org.my  
 Website : www.mipfm.org.my



## ASSOCIATE 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					
OTHER AFFILIATIONS/ ASSOCIATIONS					

**WORKING EXPERIENCE**

**i. Employment History**

	Company Name	Designation	Period	Role

**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:

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b) The candidate is engaged on the following duties:

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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	
-----------	--	--------------	--

<b>PROPOSER</b>	(signature)	<b>SECONDER</b>	(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:**

<b>1<sup>ST</sup> INTERVIEWER</b>	(signature)	<b>2<sup>ND</sup> INTERVIEWER</b>	(signature)
NAME		NAME	
MIPFM'S MEMBERSHIP NO.		MIPFM'S MEMBERSHIP NO.	

APPLICATION APPROVED     APPLICATION NOT APPROVED

Committee Meeting Date: .....

Secretary General Sign-off: .....