

| SECTION C: PARTICULARS OF KEY EXECUTIVE OFFICER (KEO) | |
|---|-------------------|
| Name (as in NRIC) | NRIC/Passport No. |
| Position held : | DOB (dd/mm/yy) |
| Academic qualifications (Please state type of Degree/Diploma, year obtained & Education Institution) | |
| Experience in Strata Management | |
| I have passed the requisite exams with ASM's training partner and BCA Academy <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name of Staff who will attend interview with the Accreditation Panel with KEO | |
| Name (as in NRIC) | NRIC/Passport No. |
| Position held : | DOB (dd/mm/yy) |
| Academic qualifications (Please state type of Degree/Diploma, Year obtained & Education Institution) | |
| Experience in Strata Management | |
| I have passed the requisite exams with ASM's training partner and BCA Academy <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| * KEO and staff member have passed the interview by the Accreditation Panel <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| SECTION D: DECLARATION OF COMPANY'S OPERATIONAL STAFF | |
| Number of relevant operational staff in company | |
| Number of staffs who are Accredited Strata Manager | |
| Year applying for Accreditation : <input type="checkbox"/> 2025/26 <input type="checkbox"/> 2026/27 | |
| Percentage of staff who are Accredited MA Individuals (50% staff accredited from 1 July 2025 and 70% from 1 July 2026) | |

SECTION E : DECLARATION

I/We have read and declare the following :

- (1) All information stated and provided is true, complete and correct. I/We will inform ASM's Secretariat of any changes to the particulars of the company (ie. change in Key Management Staff, change in address, etc)
- (2) I/We agree to abide by all the terms and conditions specified in the ASM Accreditation Scheme
- (3) ASM reserves the right to reject any application without providing reasons.
- (4) In the event that any information provided by the company is found to be false or misleading, ASM reserves the right to revoke the Accreditation status of the company.
- (5) I/We consent to the collection of data for the purpose above.
- (6) The KEO is an un-discharged bankrupt or have entered into a scheme of arrangement with creditors
☐ Yes ☐ No (If Yes, pls specify _____)
- (7) The KEO is convicted of an offence involving dishonesty/fraud, or any offence under the BSM Act
☐ Yes ☐ No (If Yes, pls specify _____)
- (8) The KEO have a judgement entered against him/her in civil proceedings that involve a finding of fraud, dishonesty or breach of fiduciary duties
☐ Yes ☐ No (If Yes, pls specify _____)

By submitting this membership application form, I/We consent to the Association of Strata Managers (ASM) collecting, using, disclosing and retaining my/our personal data for the purposes of processing my/our membership application, administering my/our membership, and communicating matters relating to ASM activities, events and membership services. I/We understand that my/our personal data may be disclosed to authorised third parties where necessary for these purposes and in accordance with the Personal Data Protection Act 2012.

Authorised Signatory

Date

Company Stamp

Name of Authorised Signatory

Designation

*Checklist - Please attach the following documents with application form :

- (1) A copy of ACRA Biz File
- (2) A copy of Professional Indemnity Insurance policy (Showing Policy no., name of insured, limit of liability, period of cover)
- (3) Copies of academic qualifications for KEO and staff who will be attending the interview with KEO
- (4) Copies of Accreditation Cert of the Accredited Staff

SECTION F : FEE PAYMENT

One-time accreditation processing fee at \$300.00 applies

FOR OFFICIAL USE

Accreditation Committee Recommendation

☐ Approve ☐ Reject

Approval Date : _____

Accreditation Period till _____(date)

Accreditation Number _____

Mode of payment: ☐ PayNow ☐ Bank Transfer

Date of payment: _____

Amount: _____