

## **Application Form for Accredited Strata Manager**

SECTION A: PERSONAL PA	RTICULARS	
Name of Applicant (Underline Surname	e)	NRIC/Passport No.
Address		DOB (dd/mm/yy)
Highest Academic Qualification		Mobile Number
Contact Email		Citizenship
Race		Sex Male / Female
Are you currently a member of the □  □ Yes □ No	Association of Strata Man	nagers (ASM)?
SECTION B: WORK EXPERE	INCE	
Please start with your current empl	oyer	
Name of employer	Position	Period(eg. XX years/months)

SECTION C: DECLARATION OF ACCRE	DITATION REQUIREMENTS
I have passed the exams by ASM's training partner (M	odules 2, 3 & 4 in strata management)
☐ Yes ☐ No	
I have passed the exams by BCA Academy (Module 1 i	n Legislation for Managing Agents)
☐ Yes ☐ No	
I have 2 continuous years of experience in strata/prop	perty management
□ Yes □ No	
SECTION E: DECLARATION	
<ul> <li>(2) I/We agree to abide by all the terms and conditions</li> <li>(3) ASM reserves the right to reject any application wit</li> <li>(4) In the event that any information provided by the cright to revoke the Accreditation status of the com</li> <li>By submitting this membership application form, I/We using, disclosing and retaining my/our personal data for administering my/our membership, and communicating</li> </ul>	change in Key Mangement Staff, change in address, etc ) is specified in the ASM Accreditation Scheme thout providing reasons. Company is found to be false or misleading, ASM reserves the pany.  It consent to the Association of Strata Managers (ASM) collecting, or the purposes of processing my/our membership application, and matters relating to ASM activities, events and membership may be disclosed to authorised third parties where necessary for
Signature Date	<del></del>
*Checklist - Please attach the following documents w (1) A copy of Singapore Polytechnic - Certificate in Stra (2) A copy of certificate for BCA Academy's Legislation (3) Copies of academic qualifications	ta Property Management
SECTION F: FEE PAYMENT	
One time accreditation processing fee of \$\$100.00 app Member will be entitled to preferential rate of \$\$50.00	
FOR OFFICIAL USE	
Accreditation Committee Recommendation	
$\square$ Approve $\square$ Reject	Accreditation Period till(date)
Approval Date :	Accreditation Number
Mode of payment: □ PayNow □ Bank Transfer  Date of payment:	Amount: