



## ASSOCIATION OF STRATA MANAGERS ACCREDITATION APPLICATION

### Application Form for Accredited Strata Manager

<b>SECTION A : PERSONAL PARTICULARS</b>		
Name of Applicant (Underline Surname)	NRIC/Passport No.	
Address	Date of Birth (dd/mm/yy)	
Highest Academic Qualification	Mobile Number	
Email Address:	Citizenship	
Race	Sex Male / Female	
<p>Are you currently a member of Association of Strata Managers?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>Note: If you are an existing member, the \$150 accreditation fee will be waived for initial term, if your membership fee of \$300 for 3 years, is payable upon acceptance of accreditation.</p>		
<p>I wish to be a member of Association of Strata Managers</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>Note: i)The membership fee of \$300 will be payable upon acceptance of membership. ii)The membership entrance fee of \$100 will be waived. iii)The accreditation fee of \$150 for the initial term will also be waived.</p>		
<b>SECTION B : WORK EXPERIENCE</b>		
Please start with your current employer		
Name of employer	Position	Period(eg. XX years/months)

## SECTION C : DECLARATION OF ACCREDITATION REQUIREMENTS

I have passed the exams by ASM's training partner (Modules 2, 3 & 4 in strata management)

Yes  No

I have passed the exams by BCA Academy (Module 1 in Legislation for Managing Agents)

Yes  No

I have 2 continuous years of experience in strata/property management

Yes  No

## SECTION E : DECLARATION

I have read and declare the following :

- (1) All information stated and provided herein are true, complete and correct. I will inform ASM's Secretariat of any changes to the particulars of the individual (ie. change in address, change in email address, etc )
- (2) I 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 individual is found to be false or misleading, ASM reserves the right to revoke the Accreditation status of the individual.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant

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

- (1) A copy of RECA's Specialist Certificate in Strata Property Management
- (2) A copy of certificate for BCA Academy's Legislation course for Managing Agents
- (3) Copies of academic qualifications

## SECTION F : FEE PAYMENT

Non refundable payment of \$ \_\_\_\_\_ submitted on \_\_\_\_\_ via

Cheque  PayNow  Bank Transfer

### FOR OFFICIAL USE

Accreditation Committee Recommendation

Approve  Reject

Approval Date : \_\_\_\_\_

Accreditation Period till \_\_\_\_\_ (date)

Accreditation Number \_\_\_\_\_