

APPLICATION FORM

Every section is to be completed. Incomplete form and/or omission of relevant supporting documents may cause delay in the processing of your application. Please (√) tick where appropriate.

New Accreditation

Re-Accreditation

Category A

Category B

For firms which are managing large commercial properties ie. industrial, office, shop or mixed developments with predominantly commercial content and community/institutional buildings with more than 50 units, and large-scale residential property developments ie. those with more than 200 units.

For firms which are managing small-scaled residential property developments ie. those with 200 and fewer units, and commercial developments with 50 and fewer units.

SECTION A – *Company’s Particulars (Attach copy of ACRA Business Profile – Instant Information)			
Name of Company		Tel (Main Line)	
Registered Address of Business		Fax No	
Contact Person & Designation		Tel (DID)	
Contact Email (Compulsory)		Website address (if any)	
*Paid-up Capital (Attach copy of ACRA Business Profile – Instant Information)			
Category A – either a partnership or company with limited liability with a minimum paid up capital of \$100,000			
Category B – at least a sole proprietor			
RCB No	Date of Incorporation	Paid Up Capital	
*Professional Indemnity Insurance with an Appropriate Coverage (Attach policy schedule front cover only)			
Insurer	Limits of Liability	Expiry date of Policy	
SECTION B – Strata Developments Currently Managed (Attach separate sheet if necessary)			
#Type of Development: Commercial ; Residential ; Industrial			
MCST No	Name of Strata Development	No. of Units	#Type of Development

SECTION C – Particulars of Director/Partner/Shareholder/Sole Proprietor

1 Name (as in NRIC)	NRIC/Passport No
*Position Held: <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Sole Proprietor	DOB(dd/mm/yy)
*Affiliate to: <input type="checkbox"/> SISV <input type="checkbox"/> APFM <input type="checkbox"/> NA	*Membership Class: <input type="checkbox"/> FSISV <input type="checkbox"/> MSISV <input type="checkbox"/> FAPFM <input type="checkbox"/> MAPFM
** Relevant Academic Qualifications (State type of Diploma/Degree, Year Obtained & University [eg. MBA 2001 Victoria Uni])	
*Experience in Property Management <input type="checkbox"/> No <input type="checkbox"/> Yes, please state no. of years of experience (years)	
2 Name (as in NRIC)	NRIC/Passport No
*Position Held: <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Sole Proprietor	DOB(dd/mm/yy)
*Affiliate to: <input type="checkbox"/> SISV <input type="checkbox"/> APFM <input type="checkbox"/> NA	*Membership Class: <input type="checkbox"/> FSISV <input type="checkbox"/> MSISV <input type="checkbox"/> FAPFM <input type="checkbox"/> MAPFM
** Relevant Academic Qualifications (State type of Diploma/Degree, Year Obtained & University [eg. BSc(EstMan) 1996 NUS])	
*Experience in Property Management <input type="checkbox"/> No <input type="checkbox"/> Yes, please state no. of years of experience (years)	
3 Name (as in NRIC)	NRIC/Passport No
*Position Held: <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Sole Proprietor	DOB(dd/mm/yy)
*Affiliate to: <input type="checkbox"/> SISV <input type="checkbox"/> APFM <input type="checkbox"/> NA	*Membership Class: <input type="checkbox"/> FSISV <input type="checkbox"/> MSISV <input type="checkbox"/> FAPFM <input type="checkbox"/> MAPFM
** Relevant Academic Qualifications (State type of Diploma/Degree, Year Obtained & University [eg. BSc(Engrg) NTU 1996])	
*Experience in Property Management <input type="checkbox"/> No <input type="checkbox"/> Yes, please state no. of years of experience (years)	
4 Name (as in NRIC)	NRIC/Passport No
*Position Held: <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Sole Proprietor	DOB(dd/mm/yy)
*Affiliate to: <input type="checkbox"/> SISV <input type="checkbox"/> APFM <input type="checkbox"/> NA	*Membership Class: <input type="checkbox"/> FSISV <input type="checkbox"/> MSISV <input type="checkbox"/> FAPFM <input type="checkbox"/> MAPFM
** Relevant Academic Qualifications (State type of Diploma/Degree, University & Year Obtained [eg. BSc(EstMan) NUS 1996])	
*Experience in Property Management <input type="checkbox"/> No <input type="checkbox"/> Yes, please state no. of years of experience (years)	

SECTION D – Particulars of Key Management Staff (KMS) / Employee (Attach organisation chart)

Category A: At least one Key Management Staff (KMS) holding a bachelor degree or equivalent professional qualification in the relevant field of estate or building management & has at least 5 years of work experience in property management on a full time basis; AND (i) at least one employee holding other relevant degree or equivalent professional qualification; (AND at least one (1) key management staff and one (1) staff are to pass interview tested on their knowledge in strata management and related topics.)

Category B: At least one KMS holding a diploma in the relevant field of estate and building management and has at least 5 years of work experience in property management on a full time basis.

With effect from February 2021, firms accredited under the existing AMA Scheme, new member firms and non-member firms that wish to be accredited Under Category A or B are required to have at least 30% of their staff who provide advice in strata management matters to be individually accredited when the new accreditation Scheme is implemented. For the second and third years after the first year of implementation, at least 50% and 70%, respectively, of such staff are required to be individually accredited.

1 Name	NRIC/Passport No	DOB (dd/mm/yy)
Qualifications/ Year Obtained/University [eg.BSc(EstMan) NUS 2006]	*Member of SISV and/or APFM (tick appropriate box) <input type="checkbox"/> FSISV <input type="checkbox"/> MSISV <input type="checkbox"/> FAPFM <input type="checkbox"/> MAPFM <input type="checkbox"/> NA	
Position Held	Date Joined	* <input type="checkbox"/> KMS * <input type="checkbox"/> Employee
Past experience in property management		
Company Name	Last Position Held	No of Yr/Mth
2 Name	NRIC/Passport No	DOB (dd/mm/yy)
Qualifications/ Year Obtained/University [eg.BSc(EstMan) 1996 NUS]	*Member of SISV and/or APFM (tick appropriate box) <input type="checkbox"/> FSISV <input type="checkbox"/> MSISV <input type="checkbox"/> FAPFM <input type="checkbox"/> MAPFM <input type="checkbox"/> NA	
Position Held	Date Joined	* <input type="checkbox"/> KMS * <input type="checkbox"/> Employee
Past experience in property management		
Company Name	Last Position Held	No of Yr/Mth
3 Name	NRIC/Passport No	DOB (dd/mm/yy)
Qualifications/ Year Obtained/University [eg Dip(Bldg) SP 1993]	*Member of SISV and/or APFM (tick appropriate box) <input type="checkbox"/> FSISV <input type="checkbox"/> MSISV <input type="checkbox"/> FAPFM <input type="checkbox"/> MAPFM <input type="checkbox"/> NA	
Position Held	Date Joined	* <input type="checkbox"/> KMS * <input type="checkbox"/> Employee
Past experience in property management		
Company Name	Last Position Held	No of Yr/Mth

FOR OFFICIAL USE

Accreditation Committee Recommendation <input type="checkbox"/> Cat A <input type="checkbox"/> Cat B <input type="checkbox"/> Reject Date.....	Assessment Panel Approved on (date) Accreditation Period Till (date) MemNo.....
Re-accredited fromto	
Date Approved	