



ASSOCIATION OF STRATA MANAGERS ACCREDITATION APPLICATION

Application Form for Accredited Strata Firm

SECTION A : COMPANY'S PARTICULARS		
Name of Company	Tel (Main Line)	
Registered Address of Company	Fax Number	
Contact Person and Designation	Mobile Number	
Contact Email	Website Address (if any)	
Paid-up capital		
UEN No.	Date of Incorporation	Paid Up Capital
Professional Indemnity Insurance with appropriate coverage		
Insurer	Limits of Liability	Expiry date of Policy
SECTION B : STRATA DEVELOPMENTS CURRENTLY MANAGED		
Please attach separate sheet if necessary		
MCST No.	Name of Strata Development	No. of units

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 by ASM's training partner and BCA Academy

Yes

No

Name of Staff who will attend interview by 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 by ASM's training partner and BCA Academy

Yes

No

* KEO and staff member have passed the interview by the Accreditation Panel

Yes

No

SECTION D : DECLARATION OF COMPANY'S OPERATIONAL STAFF

Number of operational staff in company

Number of staffs who are Accredited MA individuals

Year applying for Accreditation : 2023 2024 2025

Percentage of staff who are Accredited MA Individuals (70% staff to be accredited from 1 July 2023)

SECTION E : DECLARATION

I/We have read and declare the following :

- (1) All information stated and provided herein are 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 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 _____)

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 by accredited staff

SECTION F : FEE PAYMENT

Non refundable payment of \$ _____ submitted on _____ via

- Cheque PayNow Bank Transfer

FOR OFFICIAL USE

<p>Accreditation Committee Recommendation</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Reject</p> <p>Approval Date : _____</p>	<p>Accreditation Period till _____ (date)</p> <p>Accreditation Number _____</p>
---	---