



SECTION A: COMPANY'S PARTICULARS

Paid-up capital	
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Professional Indemnity Insurance with appropriate coverage
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SECTION B: STRATA DEVELOPMENTS CURRENTLY MANAGED

Please attach separate sheet if necessary

[illegible]

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 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

One-time accreditation processing fee at \$300.00 applies

Non refundable payment of \$ _____ submitted on _____ via

☐ PayNow ☐ Bank Transfer

FOR OFFICIAL USE

Accreditation Committee Recommendation

☐ Approve ☐ Reject

Approval Date : _____

Accreditation Period till _____ (date)

Accreditation Number _____