



# Application Form for Accredited Strata Manager

## SECTION A: PERSONAL PARTICULARS

Name of Applicant (Underline Surname)	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 Association of Strata Managers (ASM)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## SECTION B: WORK EXPEREINCE

Please start with your current employer

[illegible]

## 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/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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

- (1) A copy of Singapore Polytechnic - 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

One time accreditation processing fee of S\$ 100.00 applies.

Member will be entitled to preferential rate of S\$50.00 per CPD class.

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 \_\_\_\_\_