

FORM E

[RULES 24]

APPLICATION FOR DUPLICATE AUTHORITY TO PRACTICE UNDER SUBSECTION (5) OF SECTION 16 OF THE VALUERS, APPRAISERS, ESTATE AGENTS AND PROPERTY MANAGERS ACT 1981

Name Registration No.
(As in NRIC)
Other Names Sex
NRIC No.
(Old and New)
Place and Date of Issue
Business Name
Business Address Postcode
Tel. No. Fax. No. E-Mail Address
Correspondence Address (if different from above)
..... Postcode Tel.No.

To :

The Registrar,
Board of Valuers, Appraisers, Estate Agents and
Property Managers.

I, the undersigned, apply for a duplicate authority to practice *valuation/appraisal/ estate agency/property management on the following grounds which I declare to be true in every material particular:

.....
.....
.....

I attach the prescribed fee of RM

Date
Signature of Applicant

FOR OFFICE USE ONLY

Date received
Receipt No.
Date applicant notified of decision
Name and Signature of Registrar

* Delete whichever is not applicable