

FORM R

[Rule 25j]

**APPLICATION FOR DUPLICATE AUTHORITY
TO PRACTISE**

Name of Firm

Firm's Registration No.

Address of Firm

..... 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 practise *valuation/appraisal/
estate agency/property management as a firm 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 duplicate authority sent

Name and Signature of Registrar

* Delete whichever is not applicable