

**BOARD OF VALUERS, APPRAISERS, ESTATE AGENTS AND
PROPERTY MANAGERS**

**REGISTRATION FOR THE
TEST OF PROFESSIONAL COMPETENCE FOR
ESTATE AGENCY PRACTICE
(TO BE SUBMITTED IN DUPLICATE)**

1.00 PERSONAL PARTICULARS

MR/MRS/MISS :
(AS PER NRIC)

IC NO :

ADDRESS :

POST CODE : TEL. NO. :

2.00 ELIGIBILITY

Eligibility for the Test of Professional Competence; this section to be completed by the Candidate.

In the office where the candidate is employed there are

Other candidates for the Estate Agent Examination and

Other candidates for the Test of Professional Competence.

.....
Signature of Employer

.....
Name and E Number of Employer
(BLOCK LETTER PLEASE)

2.01 Please complete the relevant sections below.

Having read the Rules and Guidelines, I wish to apply for the Test of Professional Competence.

1. ACADEMIC QUALIFICATIONS

(Please complete (a) or (b) below)

a) I have passed The Board's Written Examinations in 19 (year)

b) I have passed Part II ISM Examination (PCVS/GP) in 19 (year)

c) I have obtained the following degree/diploma*

i) Name of University/Polytechnic/College*

.....

ii) Title of Degree/Diploma*

.....

ii) Title of Degree/Diploma*

.....

d) I attach herewith documentary proof of my certificate (original or copy certified by the Registrar of Board or a Registered Valuer/Appraiser/Estate Agent/ Property Managers).

2. EMPLOYMENT

I am employed as follows:-

i) Name and Principal Office Address of Employer

.....

.....

ii) Appointment held :

iii) Date of Appointment :
(Attached herewith is a certified copy of the letter of employment)

2.02 If I change my employment, I undertake to notify the Board in accordance with TPC (EA) 3/96

I enclose the fee necessary to effect my registration RM
(Cheque/PO/MO/ payable to the Board of Valuers, Appraisers, Estate Agents and Property Managers)

Date :

.....

Signature of Candidate

3.00 EMPLOYMENT PARTICULARS

This section is to be completed by the Employer and signed by the Partner/Director of the Firm in which the candidate is employed. In the case of candidates employed in an establishment approved by the board, the signature should be that of the Head of Department.

3.01 a) Mr/Miss/Miss*
is employed in our Head/Branch* office at the following address:-

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

Post Code : Tel No. :

b) He/she* is engaged on the following duties:

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

c) I have read the Rules and Guide to the Test of Professional Competence for the Estate Agency Practice and I hereby undertake to provide experience and training in the following Areas of Approved Professional Experience :-

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

d) The name and qualifications of the person directly responsible for the candidate's training is:-

.....
(Name and E Number)

Date :

.....
Signature of Employer

(* Delete as appropriate)

FOR OFFICE USE ONLY

FROM	COMMITTEE
Date Issued	
Date Received	
Certificate seen and returned	
Examined and acknowledge by	
Fee Received	

**BOARD OF VALUERS, APPRAISERS, ESTATE AGENTS AND
PROPERTY MANAGERS**

**TEST OF PROFESSIONAL COMPETENCE FOR
ESTATE AGENCY PRACTICE
EXEMPTION UNDER RULE 4.02
(TO BE SUBMITTED IN DUPLICATE)**

1.00 PERSONAL PARTICULARS

MR/MRS/MISS :
(AS PER NRIC)

IC NO :

ADDRESS :

POST CODE : TEL. NO. :

DATE OF ADMISSION AS A CANDIDATE
FOR THE TEST PROFESSIONAL COMPETENCE :

I am a candidate for the Test of Professional Competence in the Estate Agency Practice.

2.00 DETAILS OF PAST AND PRESENT EMPLOYMENT

I am employed as follows:-

a) Name and Principal Office Address of Employer

.....
.....

b) Appointment held :
(Attached herewith is a certified copy of the letter of Employment)

c) Date of Appointment:

d) Employees Provident Fund Statements And Income Tax Form J for the past two years.

I enclose herewith certified copy of the letters of past employment.

3.00 I enclose herewith a cheque/PO/MO/Cash payable to the Board of Valuers, Appraisers Estate Agents and Property Managers) of RM in payment of the processing fee for the Test of Professional Competence.

Date :

.....

Signature of Candidate

**BOARD OF VALUERS, APPRAISERS, ESTATE AGENTS AND
PROPERTY MANAGERS**

**TEST OF PROFESSIONAL COMPETENCE FOR
ESTATE AGENCY PRACTICE
NOTIFICATION OF CHANGE OF EMPLOYER
(TO BE SUBMITTED IN DUPLICATE)**

1.00 PERSONAL PARTICULARS

MR/MRS/MISS :
(AS PER NRIC)

IC NO :

ADDRESS :

POST CODE : TEL. NO. :

DATE OF ADMISSION AS A CANDIDATE
FOR THE TEST PROFESSIONAL COMPETENCE :

I am a candidate for the Test of Professional Competence in the Estate Agency Practice.

2.00 DETAILS OF NEW EMPLOYMENT

I am employed as follows:-

a) Name and Principal Office Address of Employer

.....
.....

b) Appointment held :
(Attached herewith is a certified copy of the letter of Employment)

c) Date of Appointment:

Date :

.....
Signature of Candidate

NOTE : Please ensure that your new employer completes the declaration overleaf.

3.00 EMPLOYMENT PARTICULARS

This section is to be completed by the Employer and signed by the Partner/Director of the Registered Estate Agency Firm in which the candidate is employed. In the case of candidates employed in an establishment approved by the board, the signature should be that of the Head of Department.

3.01 a) Mr/Miss/Miss*
is employed in our Head/Branch* office at the following address:-

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

Post Code : Tel No. :

b) He/she* is engaged on the following duties:

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

c) I have read the Rules and Guide to the Test of Professional Competence for the Registered Estate Agency Practice and I hereby undertake to provide experience and training in the following Areas of Approved Professional Experience :-

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

d) The name and qualifications of the person directly responsible for the candidate's training is:-

.....
(Name and E Number)

e) In the office where the candidate is employed there are other candidates for the Estate Agent Examination and other candidates for the Test of Professional Competence.

.....
Signature of Employer

.....
Name and E Number of Employer
(BLOCK LETTER PLEASE)

Date :

(* Delete as appropriate)

**BOARD OF VALUERS, APPRAISERS, ESTATE AGENTS AND
PROPERTY MANAGERS**

**TEST OF PROFESSIONAL COMPETENCE FOR
ESTATE AGENCY PRACTICE
APPLICATION FOR ASSESSMENT OF PROFESSIONAL
EXPERIENCE AND PRACTICAL TASK
(TO BE SUBMITTED IN DUPLICATE)**

1.00 PERSONAL PARTICULARS

MR/MRS/MISS :
(AS PER NRIC)

IC NO :

ADDRESS :

POST CODE : TEL. NO. :

DATE OF ADMISSION AS A CANDIDATE
FOR THE TEST PROFESSIONAL COMPETENCE :

Name and address of office in which employed

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

Office Tel. No. :

Name and address of employer with whom written work was undertaken if different from
above

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

2.00 SUBMISSION

2.01 I submit herewith:-

- a) Work Diary
- b) Record of Experience (In Duplicate)
- c) Practical Tasks (In Quadruplicate)

Task I :
.....

Task II :
.....

d) Employee Provident Fund Statement and Income Tax Form J for the past two years.

2.02 I declare that I am eligible to be assessed for the Test of Professional Competence on the grounds that:-

a) I commenced the period of approved professional training from
.....to

b) Passed the examinations as indicated below:-
Board Estate Agents Examination on
Part II of ISM Examination (PCVS/GP) dated.....
Holder of the Degree/Diploma
.....

2.03 I enclose herewith a cheque/PO/MO/Cash (payable to The BOARD) of RM for the payment of the fee for the Test of Professional Competence.

3.00 DETAILS OF EMPLOYMENT

Dates and details of employment during the period of the Professional Training:-

DATES (FROM/TO)	EMPLOYER AND ADDRESS	SUPERVISOR
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.....
.....
.....
.....

Date : Signature of Candidate

Submission of applications:

- a) Candidates must submit their applications and all other documents either personally or by registered post or by recorded delivery or by ordinary post with a certificate of posting.
- b) The receipt of all applications and other documents will be acknowledged by the Institution within two (2) weeks. Candidates must ensure that they received an acknowledgement of their applications and other documents submitted

TO BE LEFT BLANK FOR OFFICE USE

Date Received :	Accompanying Documents :
Fee Received :	
Examined and acknowledge by	
Written Work :	
RESULTS	
Written Work	Experience

**BOARD OF VALUERS, APPRAISERS, ESTATE AGENTS AND
PROPERTY MANAGERS**

**TEST OF PROFESSIONAL COMPETENCE FOR
ESTATE AGENCY PRACTICE
APPLICATION FOR REASSESSMENT OF PROFESSIONAL
EXPERIENCE AND PRACTICAL TASK
(TO BE SUBMITTED IN DUPLICATE)**

1.00 PERSONAL PARTICULARS

MR/MRS/MISS :
(AS PER NRIC)

IC NO :

ADDRESS :

POST CODE : TEL. NO. :

DATE OF ADMISSION AS A CANDIDATE
FOR THE TEST PROFESSIONAL COMPETENCE :

Name and address of office in which employed

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

2.00 SUBMISSION

2.01 I submit herewith:-

- a) Work Diary
- b) Record of Experience (In Duplicate)
- c) Practical Tasks (In Quadruplicate)

Task I :
.....

Task II :
.....

- d) Employee Provident Fund Statement and Income Tax Form J for the past two years.

2.03 I enclose herewith a cheque/PO/MO/Cash (payable to The BOARD) of RM for the payment of the fee for the Test of Professional Competence.

3.00 DETAILS OF EMPLOYMENT

Dates and details of employment during the period of the Professional Training:-

DATES (FROM/TO)	EMPLOYER AND ADDRESS	SUPERVISOR
----------------------------	-----------------------------	-------------------

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

Date :

.....

Signature of Candidate

Submission of applications:

- a) Candidates must submit their applications and all other documents either personally or by registered post or by recorded delivery or by ordinary post with a certificate of posting.
- b) The receipt of all applications and other documents will be acknowledged by the Institution within two (2) weeks. Candidates must ensure that they received an acknowledgement of their applications and other documents submitted

TO BE LEFT BLANK FOR OFFICE USE

Date Received :	Accompanying Documents :
Fee Received :
Examined and acknowledge by
	Written Work :

RESULTS	
Written Work	Experience