

FORM P

[RULES 25I]

APPLICATION FOR RENEWAL OF AUTHORITY TO PRACTISE *VALUATION/APPRaisal/ESTATE AGENCY/PROPERTY MANAGEMENT AS A FIRM

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/We, the undersigned hereby apply for the renewal of *my/our authority to practice *valuation/appraisal/estate agency/property management as a firm which expires on **31 December 20** and attach with this application the following :

- | | | |
|-----|--|--------------------------|
| (a) | A copy of the Professional Indemnity Insurance Certificate
For the period | <input type="checkbox"/> |
| (b) | a copy of the auditor's report referred to in subparagraph (b)
of paragraph (1) of Rule 59; | <input type="checkbox"/> |
| (c) | a certified true copy of the firm's structure as at the date of
the application; | <input type="checkbox"/> |
| (d) | a copy of the firm's shareholding structure as at the date of
the application; | <input type="checkbox"/> |
| (e) | a copy of the firm's letterhead; and | <input type="checkbox"/> |
| (f) | the requisite fee of *RM50.00/RM75.00 | <input type="checkbox"/> |

*I / We here by declare that the information provided herewith is true and that the Board may revoke my / our Authority to Practice if it is found to be false or misleading.

Date
Signature of Applicant

FOR OFFICE USE ONLY

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