FORM TPC(V) 1/98

BOARD OF VALUERS, APPRAISERS ESTATE AGENTS AND PROPERTY MANAGERS
APPLICATION TO REGISTER FOR THE TEST OF PROFESSIONAL COMPETENCE
(TO BE SUBMITTED IN DUPLICATE)

1.00 PERSONAL PARTICULARS

MR/MRS/MISS : .....

IC NUMBER New : ..... Old : .....

ADDRESS : .....

.....

POST CODE : ..... PHONE : .....

PROBATIONARY REGISTRATION NO : .....

DATE OF ADMISSION : .....

2.00 ELIGIBILITY

This section to be completed by the candidate.

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

A. ACADEMIC QUALIFICATIONS

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

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

b) I have obtained the following degree/diploma* on .....

and I attach documentary proof of my certificate.

i) Name of University/Polytechnic/Institution

.....

ii) Title of Degree/Diploma

.....

B. EMPLOYMENT

I am employed as follows:-

a) Name and Head Office Address of Employer

.....

.....

b) Appointment held : .....

c) Date of Appointment: .....

2.02 If I change my employment, I undertake to notify the Board of the changes.

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

Signature of Candidate : .....

Date : .....

3.00 EMPLOYMENT PARTICULARS

This section is to be completed by the Employer and signed by the Head of Department in which the candidate is employed. In the case of candidates employed in a private practice, the signature should be that of a Partner/Director.

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 Guidelines to the Test of Professional Competence for registration as valuers and I undertake to provide experience and training in the following Areas of Approved Professional Experience (at least three (3) – give the appropriate details as contained in the Rules and Guidelines):-

.....

.....

.....

.....

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

.....

.....

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

....
Signature of Employer Name and qualifications of Employer
(BLOCK LETTER PLEASE)

Date : .....

FORM TPC(V) 2/98

BOARD OF VALUERS, APPRAISERS AND ESTATE AGENTS
TEST OF PROFESSIONAL COMPETENCE NOTIFICATION OF CHANGE OF EMPLOYER
(TO BE SUBMITTED IN DUPLICATE)

1.00 PERSONAL PARTICULARS

MR/MRS/MISS : .....

IC NUMBER New : ..... Old : .....

ADDRESS : .....

.....

POST CODE : ..... PHONE : .....

PROBATIONARY REGISTRATION NO : .....

DATE OF ADMISSION : .....

I am a candidate for the Test of Professional Competence of the Board of Valuers, Appraisers and Estate Agents Examination.

2.00 DETAILS OF NEW EMPLOYMENT

I am employed as follows:-

a) Name and Head Office Address of Employer

.....

.....

b) Appointment held : .....

c) Date of Appointment: .....

Signature of Candidate : .....

Date : .....

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

3.00 EMPLOYMENT PARTICULARS

This section is to be completed by the Employer and signed by the Head of Department in which the candidate is employed. In the case of candidates employed in a private practice, the signature should be that of a Partner/Director.

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 Guidelines to the Test of Professional Competence for registration as valuers and I undertake to provide experience and training in the following Areas of Approved Professional Experience (at least three (3) – give the appropriate details as contained in the Rules and Guidelines):-

.....

.....

.....

.....

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

.....

.....

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

....

Signature of Employer Name and qualifications of Employer
(BLOCK LETTER PLEASE)

Date : .....

FORM TPC(V) 3/98

BOARD OF VALUERS, APPRAISERS AND ESTATE AGENTS
TEST OF PROFESSIONAL COMPETENCE
APPLICATION FOR PARTIAL EXEMPTION OF THE TEST OF PROFESSIONAL COMPETENCE
(TO BE SUBMITTED IN DUPLICATE)

1.00 **PERSONAL PARTICULARS**

MR/MRS/MISS : .....

IC NUMBER New : ..... Old : .....

ADDRESS : .....

.....

POST CODE : ..... PHONE : .....

PROBATIONARY REGISTRATION NO : .....

DATE OF ADMISSION : .....

Name and address of office in which employed

.....

.....

.....

Office Tel. No. : .....

2.00 In accordance with Rule 10.02 of the Rules and Guidelines to the Test of Professional Competence, I seek the approval of the Board for the partial exemption of the Test of Professional Competence. I declare that I have had the ten years required under the rule and my detail employment is as follows:-

DATES (FROM/TO) **EMPLOYER AND ADDRESS**

.....

.....

3.00 I enclose the fees necessary to effect my registration RM ..... (Cheque/PO/MO/ payable to the Board of Valuers, Appraisers and Estate Agents Malaysia)

Date : ....

Signature of Applicant

FORM TPC(V) 4/98

BOARD OF VALUERS, APPRAISERS AND ESTATE AGENTS
TEST OF PROFESSIONAL COMPETENCE APPLICATION FOR ASSESSMENT OF PROFESSIONAL EXPERIENCE AND PRACTICAL TASKS
(TO BE SUBMITTED IN DUPLICATE)

1.00 **PERSONAL PARTICULARS**

MR/MRS/MISS : .....

IC NUMBER New : ..... Old : .....

ADDRESS : .....

.....

POST CODE : ..... PHONE : .....

PROBATIONARY REGISTRATION NO : .....

DATE OF ADMISSION : .....

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) Practical Tasks

Title : .....

..... No. of copies : .....

Title : .....

..... No. of copies : .....

b) Written Record of Experience (in quadruplicate).

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)* I have obtained an exemption from the Board of Valuers, Appraisers and Estate Agents under Rule 10.02 of the Rules and Guidelines to the Test of Professional Competence.

c) Passed the examinations as indicated below:-

ISM Final/Direct Final Examination on .....

Passed RICS Final Examination on .....

Holder of the Degree/Diploma .....

2.03 I enclose herewith a cheque/ PO/MO/Cash (payable to **BOARD OF VALUERS, APPRAISERS AND ESTATE AGENTS**) of RM ..... for the payment of the fees 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 Applicant

NOTES

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 Board within two (2) weeks. Candidates must ensure that they received an acknowledgement of their applications and other documents submitted.

FORM TPC(V) 5/98

BOARD OF VALUERS, APPRAISERS AND ESTATE AGENTS
TEST OF PROFESSIONAL COMPETENCE
APPLICATION FOR REASSESSMENT OF
PROFESSIONAL EXPERIENCE AND PRACTICAL TASKS
(TO BE SUBMITTED IN DUPLICATE)

1.00 PERSONAL PARTICULARS

MR/MRS/MISS : .....

IC NUMBER New : ..... Old : .....

ADDRESS : .....

.....

POST CODE : ..... PHONE : .....

PROBATIONARY REGISTRATION NO : .....

DATE OF ADMISSION : .....

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) Practical Tasks

Title : .....

..... No. of copies : .....

Title : .....

..... No. of copies : .....

b) Written Record of Experience (in quadruplicate).

2.02 I enclose herewith a cheque/ PO/MO/Cash (payable to **BOARD OF VALUERS, APPRAISERS AND ESTATE AGENTS**) of RM ..... for the payment of the fees 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 Applicant

NOTES

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 Board within two (2) weeks. Candidates must ensure that they received an acknowledgement of their applications and other documents submitted.