

TO THE PRESIDENT
ASHRAE MALAYSIA CHAPTER

DATE _____

Application for Registration as MASHRAE Independent Commissioning Specialist (iCxS)

1 PERSONAL PARTICULARS (to be completed in BLOCK LETTERS)

FULL NAME (Please Underline Surname)		TITLE (r / Mr / Ms / Other):
OTHER NAME (If Any)		SEX <input type="radio"/> Male <input type="radio"/> Female
MALAYSIAN NRIC / PASSPORT NO.	NATIONALITY	
DATE OF BIRTH / /	PLACE OF BIRTH	
<small>DAY MONTH YEAR</small>		
TEL NO.	OFFICE NO.	
HP NO.	EMAIL	
REGULAR BUSINESS ADDRESS		
POSTCODE	TOWN/CITY	STATE
POSTAL ADDRESS (If different from above):		
POSTCODE	TOWN/CITY	STATE

2 PARTICULARS OF AFFILIATED COMMISSIONING FIRM

NAME OF FIRM	SSM REG. NO.
OTHER REGISTRATION DETAILS, viz CIDB	

3 CV OF APPLICANT AND AFFILIATED COMMISSIONING FIRM

Submit on separate sheets, detailed profile of the applicant's relevant experience and track record of the affiliated commissioning firm together with a list of testing instruments available.

NOTES

1. A registration fee of **RM100.00** is to be submitted with this Application Form.
2. Registration is subject to annual renewal and compliance with revised conditions, if any.

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