

APPLICATION FOR REGISTRATION AS GBI FACILITATOR	PHOTO
To: The Director Greenbuildingindex Sdn Bhd A-12-13A Menara UOA Bangsar 5 Jalan Bangsar Utama 1 59000 Kuala Lumpur	

I intend to offer my GBIF services to third parties.			
<table border="1"> <tr> <td style="padding: 2px;">Yes</td> <td style="width: 30px; height: 20px;"></td> </tr> </table>	Yes		
Yes			
<table border="1"> <tr> <td style="padding: 2px;">No</td> <td style="width: 30px; height: 20px;"></td> </tr> </table>	No		
No			

A. PERSONAL PARTICULARS (to be complete in BLOCK LETTERS)				
Full Name <small>Ar /Ir /Sr /Mr /Mrs /Other [Please underline surname]</small>				
Other Name				
Identity Card/ Passport No.		Place of Birth/ Nationality		
Date of Birth <small>dd/mm/yyyy</small>		Sex	M / F	
Below are the details of the firm through which I will be offering my GBIF services:				
Company Name* <small>(SSM no.)</small>	<input type="checkbox"/>			
Company Address				
Tel., Fax & Email	Office no.*	<input type="checkbox"/>	Fax no.*	<input type="checkbox"/>
	H/P no.*	<input type="checkbox"/>		
	Email address*			<input type="checkbox"/>
<small>(*Please tick the contact number for uploading to website www.greenbuildingindex.org)</small>				

B QUALIFICATIONS

I, _____

(name in BLOCK LETTERS)

hereby apply to be registered as a GBI Facilitator and provide the following details for GBIAP approval as follows:

NOTE: Application must be submitted together with a Registration Fee of **RM106.00** (inclusive 6% GST).

Registered Ar. with the Board of Architects, or Ir. with the Board of Engineers, or Sr. with the Board of Quantity Surveyors;

LAM / BEM / BQS Reg. No : _____

[Please attach certified copy of registration and please complete APPENDIX I & II]

OR

Recognized degree in architecture, engineering, quantity surveying or other building related disciplines and a minimum of 3 years relevant working experience **[Please complete APPENDIX I &II]**

OR

Minimum of 5 years relevant working experience. **[Please complete APPENDIX I &II]**

APPLICATION FOR GBI FACILITATOR

GBI Facilitator Course:

Date of attendance of GBI Facilitator Course : _____

Date of passing of GBI Facilitator Course : _____

C	DECLARATION																		
	<p>I hereby apply to be registered as a GBI Facilitator. I hereby declare that all the particulars and information given in this form and the appendices attached are true and accurate. I meet ALL criteria listed for the application. I understand that the application will be disqualified if any information given is found to be untrue. I agree that GSB reserves the right to accept or reject the application for whatever reason. I give my consent for GSB to obtain and verify information from or with any source as GSB deem appropriate for the assessment of this application. I hereby agree to abide by the Code of Conduct of GBI Facilitator I understand that additional Continuous Professional Development (CPD) may be required in the future for renewal as GBI Facilitator and GSB reserves the right to impose additional requirements for renewal.</p> <p style="text-align: center;">Signature: _____ Date : _____</p> <p>We the undersigned being GBI Facilitators do, from our personal knowledge of the above applicant, propose and recommend him/her as a fit and proper person to be admitted to be a GBI Facilitator.</p> <table style="width: 100%; margin-top: 20px;"> <thead> <tr> <th style="width: 50%; text-align: center;">PROPOSER</th> <th style="width: 50%; text-align: center;">SECONDER</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Signature</td> <td style="text-align: center;">Signature</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Name (in BLOCK LETTERS)</td> <td style="text-align: center;">Name (in BLOCK LETTERS)</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">GBI Facilitator No</td> <td style="text-align: center;">GBI Facilitator No</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Date</td> <td style="text-align: center;">Date</td> </tr> </tbody> </table> <p>Note : Proposer and Seconder should be current GBI Facilitators</p>	PROPOSER	SECONDER	_____	_____	Signature	Signature	_____	_____	Name (in BLOCK LETTERS)	Name (in BLOCK LETTERS)	_____	_____	GBI Facilitator No	GBI Facilitator No	_____	_____	Date	Date
PROPOSER	SECONDER																		
_____	_____																		
Signature	Signature																		
_____	_____																		
Name (in BLOCK LETTERS)	Name (in BLOCK LETTERS)																		
_____	_____																		
GBI Facilitator No	GBI Facilitator No																		
_____	_____																		
Date	Date																		

FOR OFFICIAL USE	
Date received	
Receipt No	
Amount	
Date acceptable to the GBIAP	
Date of accreditation	
GBIF Registration No	

EDUCATION/PROFESSIONAL QUALIFICATIONS ATTAINED AND INDUSTRIAL TRAINING COMPLETED			
Academic / Professional Qualification and Industrial Training as detailed in Certificates. (if space is insufficient, please use extra sheets of paper)	Name of Institution	Duration of Course (DD/MM/YYYY)	
		From	To

Note: Certified copies of academic qualifications and course certificate must be submitted with the application.

EMPLOYMENT HISTORY			
Position held and details of relevant work experience. (if space is insufficient, please use extra sheets of paper)	Name of Employer	Duration of Employment (DD/MM/YYYY)	
		From	To