

APPLICATION FOR REGISTRATION AS GBI FACILITATOR		PHOTO
To: The Director Greenbuildingindex Sdn Bhd Level 4, PAM Centre 99L, Jalan Tandok, Bangsar 59100 Kuala Lumpur		

I intend to offer my GBIF services to third parties.	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

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

B	QUALIFICATIONS
	<p>I, _____</p> <p style="text-align: center;">(name in BLOCK LETTERS)</p> <p>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 RM100.00</p> <p> <input type="checkbox"/> 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] </p> <p>OR</p> <p> <input type="checkbox"/> 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] </p> <p>OR</p> <p> <input type="checkbox"/> Minimum of 5 years relevant working experience. [Please complete APPENDIX I &II] </p> <p>GBI Facilitator Course:</p> <p>Date of attendance of GBI Facilitator Course : _____</p> <p>Date of passing of GBI Facilitator Course : _____</p>

APPLICATION FOR GBI FACILITATOR

C	<p>DECLARATION</p> <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> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center; width: 45%;"> <p>PROPOSER</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Name (in BLOCK LETTERS)</p> <p>_____</p> <p>GBI Facilitator No</p> <p>_____</p> <p>Date</p> </div> <div style="text-align: center; width: 45%;"> <p>SECONDER</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Name (in BLOCK LETTERS)</p> <p>_____</p> <p>GBI Facilitator No</p> <p>_____</p> <p>Date</p> </div> </div> <p><i>Note: Proposer and Seconder should be current GBI Facilitators</i></p>
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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