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

| | | | | |
|--|-----|--|----|--|
| I intend to offer my GBIF services to third parties. | | | | |
| <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; padding: 2px 5px;">Yes</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px 5px;">No</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table> | Yes | | No | |
| Yes | | | | |
| 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 **RM100.00**

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 |
| | | | |