



SABAH SURVEYORS BOARD

W.D.T. 462

88904 KOTA KINABALU

TEL: 088 240801, 260492

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**APPLICATION FOR EXAMINATION FOR THE CERTIFICATE OF COMPETENCY
UNDER SECTION 9(1)(b)(ii) OF THE SURVEYORS ORDINANCE, 1960**

I hereby apply to appear for the examinations (written paper in Laws and Regulations relating to land in Sabah and the oral and practical) for the Certificate of Competency under Section 9(1)(b)(ii) of the Surveyors Ordinance, 1960, Sabah. I undertake to pay the examination fee for the Certificate of Competency of a sum of RM 1,000.00 on approval of my application to appear for the examination.

1.	Name in Full (Block Letters):	
2.	I/C No:	
3.	Nationality:	
4.	Date and Place of Birth:	
5.	Residential Address:	
6.	Postal Address:	
7.	i) Name of the firm or public department in which employed. ii) Address of office or public department in which employed (place of contact). iii) If employed in a firm give date of establishment and names of partners and state if registered surveyors in Sabah	

8.	<p>a) Your present position</p> <p>b) If a public officer, whether temporary or permanent and designation and grade.</p> <p>c) Date and appointment to present position.</p> <p>d) The nature of the work undertaken by you personally.</p>	
9.	Academic qualifications with dates.	
10.	<p>a) Professional examination passed with dates.</p> <p>b) Are you registered with any other Surveyors Board. If so, give details.</p> <p>c) Particulars of any professional training course undertaken with dates.</p>	
11.	<p>Are you articulated under any Surveyor registered with the Sabah Surveyors Board. If yes, please give:</p> <p>a) Name of registered surveyor.</p> <p>b) Date of commencement of articleship.</p>	
12.	Local practical experience:	
13.	Give particulars of past appointment with names of firms and date.	

(Certify true copy of relevant certificates to be enclosed).

Signature: _____

Name: _____

Date: _____