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| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | |
| Title | : |  | Mr |  | Ms | |  | | Others *(Please specify)* | | | : |  | |  | |
| Full Name | : |  | | | | | | | | | | | | |
| NRIC / Fin No | : |  | | | | | | | | Date of Birth | | : |  | |
| Contact No. | : |  | | | | HP | |  | | | H |  | | O | Affix a recent |
| Home Address | : |  | | | | | | | | | | | | | passport sized colour photograph here | |
|  |  |  | | | | | | | | Postal Code | | : |  | |
| Email Address | : |  | | | | | | | | | | | | |
| Country of Birth | : |  | | | | | | | | Nationality | | : |  | |

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| **EMPLOYMENT DETAILS** | | | | | | | |
| Company | : |  | | | | | |
| Designation | : |  | | | | | |
| Company Address | : |  | | | | | |
|  |  | | Postal Code | | : |  |
| Email Address | : |  | | | | | |
|  |  |  | | | | | |
| Mailing Address | : |  | Company Address |  | Home Address | | |

**NEW REGISTRATION REQUIREMENT**

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| **ACADEMIC QUALIFICATIONS** | | | | | | |
| University/ College/ Institute | : |  | | | Please tick the boxes to confirm the information is provided and accurate | |
| Title of Qualification awarded | : |  | | |
| Branch of Engineering | : |  | | |  | Certificate of Qualifications |
| Date of Completion for Certificate on Competency (CoC) in Earth Control Measures (ECM) | | | : |  |  | Certificate on Competency (CoC) in Earth Control Measures (ECM) training |

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| **WORKING EXPERIENCE** | |
| Construction supervision experience \_\_\_\_\_\_\_\_years. | Please attach report of detailing relevant ECM experience, duly certified by immediate supervisor, employer or Professional Engineer. |

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| **DECLARATION BY APPLICANT** |
| * I attached herewith my cheque (crossed and payable to **“ IEH-ACESing Joint Registry”)** of $183.60 being payment of: * The subscription fee (2 years) of $129.60 (included 8% GST) * The new application fee of $54.00 (included 8% GST)   \*\*Application fee paid is not refundable. The subscription fee shall be refunded if the application is not successful. |
| * I hereby give my consent to the publication of my professional details, in any form, in association with my registration as an ECMO. |
| * I hereby declare that all the information given in this application form and the documents attached are true, accurate and complete. |
| * PERSONAL DATA PROTECTION ACT   ***I hereby agree and consent that IES (“THE INSTITUTION OF ENGINEERS, SINGAPORE”) may collect, use, disclose and process my personal information set out in my application form, or otherwise provided by me or possessed by IES , for one or more of the purposes as stated in IES Personal Data Protection Terms and Conditions. Click*** [***www.ies.org.sg/pdpa***](http://www.ies.org.sg/pdpa) ***for detail.*** |

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| Date of Submit | : |  |
| Signature | : |  |

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| **FOR OFFICE USE ONLY** | | |
| Processing Officer | : |  |
| Date of Processing | : |  |
| Date of Approval | : |  |
| Validity of membership | : |  |

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| Period | | Name of Project | Position held and Degree of Responsibility (to include some indication on the magnitude and complexity of work) | Name of Company | Supervisor’s name, Signature & Designation | Contact No |
| From | To |
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