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| **PERSONAL DETAILS** | | | | | | | | | | | | | | | |
| Title | : |  | Mr |  | Ms | | |  | Others *(Please specify)* | | | | : | |  |
| Full Name | : |  | | | | | | | | Registration No | | | : | |  |
| NRIC/ Passport No | : |  | | | | | | | | Date of Birth | | | : | |  |
| Contact No. | : |  | | | | HP |  | | | | | | H | | O |
| Home Address | : |  | | | | | | | | | | | | | |
|  |  |  | | | | | | | | 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 | | |

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| **RENEWAL REQUIREMENT** | Update relevant ECM experience in Appendix A. |

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| **DECLARATION BY APPLICANT** |
| * I attached herewith my cheque (crossed and payable to **“ IEH-ACESing Joint Registry”)** of $128.40 being payment of: * The subscription fee (2 years) of $128.40 (included GST) |
| * 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](www.ies.org.sg/pdpa%20%20%20) for detail. |

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

Summary of ECM Experience Appendix A

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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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