

LIST OF FIRMS PROVIDING PROFESSIONAL CONSULTANCY SERVICES OF GENERAL PRACTICE SURVEYING

The General Practice Surveying Division maintains a list of firms providing professional consultancy services of General Practice Surveying.

Firms wishing to be listed have to declare that they fulfill the following requirements:

1. Being a firm registered in Hong Kong;
2. Being a firm providing external professional consultancy services of a general practice surveyor ;
3. Having at least one corporate member of the Hong Kong Institute of Surveyors (General Practice Division) working full time in a senior position.

Please return the duly completed Application and Declaration Form to the HKIS Secretariat, Room 1205, 12/F, Wing On Centre, 111 Connaught Road Central, Sheung Wan, Hong Kong or by fax to 2868 4612 or email to info@hkis.org.hk.

APPLICATION

Trading Name of Company/Firm

(In English)

(In Chinese)

Business Address

(In English)

(In Chinese)

Nature of Business:

Contact Person (must be a Corporate Member of HKIS General Practice Surveying)

(Full Name in English) _____

(Name in Chinese) _____

HKIS Diploma No.: _____

Position in Firm: _____

Tel No.: _____

Fax No.: _____

Email: _____

Website: _____

Number of permanent qualified General Practice Surveyors in your Company: _____
(Please provide a list of General Practice Surveyor(s) in your firm)

Number of Registered Professional Surveyors (SRB): _____
(Please provide a list of RPS members in your firm)

DECLARATION

- I hereby declare that the above particulars and information are true and correct.
- I hereby declare that my company portfolio complies with the requirements for enrolment to the List.
- I understand that acceptance for inclusion in the List is at the sole discretion of the Divisional Council of General Practice Surveying Division.
- I agree that I am obliged to inform and update HKIS should there be a change in the contact person or should there be no qualified General Practice Surveyor in the company in the future.
- I understand that should I not carry out the duties to the satisfaction of the Divisional Council of General Practice Surveying Division, I or my company will not be permitted to remain in the List.
- I shall indemnify the Hong Kong Institute of Surveyors from any claims or damages arising from any untrue and incorrect particulars and information provided in this Form above.

Signature of Contact Person and Company Chop

Date

Name (in block letters)

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FOR OFFICE USE ONLY	Date	Name of Vetting Member	Signature	Remarks
Application received				
Particulars verified and checked				
Further information requested				
Further information received				
Endorsed by the General Practice Divisional Council				
Applicant notified of result of application				
Details posted to the website				