

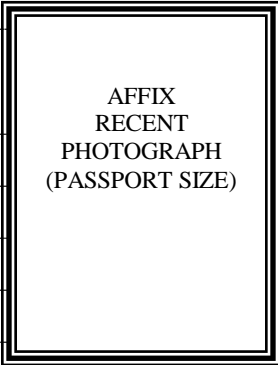


**APEC ENGINEER REGISTER
&
EMF INTERNATIONAL ENGINEER REGISTER
APPLICATION FOR REGISTRATION**

IEM Use Only
Paid by: Cash/Cheque
Cheque No:
Receipt No:
Date:

1. PERSONEL DETAILS

NAME (*please underline the surname*): _____
 IEM M'SHIP NO: _____ GRADE: Member (_____) Year, Graduate (_____) Year
 P.ENG NO: _____ DATE: _____
 DATE OF BIRTH: _____ SEX: _____
 I/C/PASSPORT NO: _____
 PLACE OF ISSUE: _____ CITIZENSHIP: _____
 TITLE: *PROF/DR/IR/OTHERS (PLEASE SPECIFY) _____



2. CONTACT DETAILS

HOME ADDRESS:	BUSINESS/OFFICE ADDRESS:
_____	_____
_____	_____
_____	_____
CITY: _____ STATE: _____	CITY: _____ STATE: _____
POSTCODE: _____ TEL: _____	POSTCODE: _____ TEL: _____
MOBILE: _____ FAX: _____	MOBILE: _____ FAX: _____
E-MAIL: _____	E-MAIL: _____

CORRESPONDENCE TO BE DIRECTED TO: HOME OFFICE (PLS TICK APPROPRIATE)

(ANY CHANGE OF ADDRESS MUST BE NOTIFIED PROMPTLY)

3. ACADEMIC QUALIFICATIONS

FIRST DEGREE/UNIVERSITY/DISCIPLINE: _____ DATE OF GRADUATION: _____

 POST GRADUATE DEGREE/UNIVERSITY/DISCIPLINE: _____ DATE OF GRADUATION: _____

 OTHER PROFESSIONAL AFFILIATION/REGISTRATION: _____

4. DISCIPLINES FOR REGISTRATION (Select only 1 preferred discipline for registration purpose) NOTE 1

<input type="checkbox"/> CIVIL	<input type="checkbox"/> STRUCTURAL	<input type="checkbox"/> GEOTECHNICAL	<input type="checkbox"/> ENVIRONMENTAL	<input type="checkbox"/> MECHANICAL
<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> CHEMICAL	<input type="checkbox"/> BUILDING SERVICES	<input type="checkbox"/> MINING
<input type="checkbox"/> OTHERS (PLEASE SPECIFY) _____				

5. AREA OF SPECIALISATIONS

1. _____
 2. _____

6. SUMMARY OF SIGNIFICANT ENGINEERING WORK – minimum 2 years in responsible charge

** Provide summary of each project for which you were personally responsible and state your position, the number of months you were in charge of the work (If insufficient please use additional sheets.)*

Period of Experience	Position of Responsibility	Months	Nature of projects, its significance, your functions, responsibilities, achievements, practical innovations, original application of theory	Verified by (Signature) (NOTE 2)

Total number of months

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7. Summary	
Years of Experience: _____ years _____ months	Years of Significant Experience: _____ years _____ months
Summarise your experiences in not more than 200 words	

8. Verifiers			
Name of Verifier	IEM Membership Number/BEM Membership Number/Employer with company Name	Contact Number	Signature

All statements of facts in my report and as summarized in tables on this application form are true.

Signature: _____

Date: _____

Registration Fees

1. By Cheque Credit card Cash (please tick appropriate)

Card: Visa MasterCard

Card Number

Expiry Date:

Register	Entrance Fee	Annual Subscription
APEC Engineer Register	RM 100	RM 100
EMF International Engineer Register	RM 100	RM 100

2. Please make **cheque payable** to “**The Institution of Engineers, Malaysia**”.

3. Completed application forms and payment should be sent to: -
 The Secretariat, APEC/EMF International Engineer Registers,
 C/o The Institution of Engineers, Malaysia,
 Bangunan Ingenieur, Lots 60 & 62, Jalan 52/4,
 P.O Box 223 (Jalan Sultan), 46720 Petaling Jaya. Selangor

Note 1: You must be able to demonstrate that you have worked seven years in the discipline in which you would like to seek for registrations since graduation and that you have accumulated two years responsible charge of significant engineering work in that discipline.

Note 2: Applicants must be a Corporate Member of IEM and registered as P. Eng with the Board of Engineers, Malaysia.

Note 3: The person verifying the summary of the significant engineering work must be a Corporate Member of The Institution of Engineer, Malaysia or a P. Eng of the Board of Engineers, Malaysia.

The verifier must complete details in section 6 on page 3 of this form.

Note 4: *Delete as appropriate

Note 5: Application must be accompanied with 3 years of CPD record.