

## SENARAI SEMAK

### PERMOHONAN PENDAFTARAAN SEBAGAI QUALIFIED PERSON

Keperluan Maklumat	Semakan	Catatan
1. Form A yang telah diisi dengan lengkap	<input type="checkbox"/>	
2. Resume/curriculum vitae pemohon	<input type="checkbox"/>	
3. Sijil-sijil daripada badan/institusi professional	<input type="checkbox"/>	
4. Sijil-sijil kelayakan akademik (contoh sijil ijazah, diploma dll) dari Universiti/Institusi yang diiktiraf	<input type="checkbox"/>	
5. Surat dari majikan mengenai pengesahan pengalaman pemohon dalam bidang berkaitan ( <b>jika perlu</b> )	<input type="checkbox"/>	

#### **Petunjuk**

1. Tandakan (✓) dalam kotak semakan sekiranya maklumat/dokumen ada disertakan.
2. Tandakan (×) dalam kotak semakan sekiranya maklumat/dokumen tidak disertakan.
3. Tandakan ( N/A) dalam kotak semakan untuk maklumat yang tidak berkaitan

**Nota** : Setiap maklumat semakan harus diisi dengan lengkap.

Part I : Which shall comprise those qualified persons who entitled to prepare, draw up, sign and submit Form Q (the application for sub-division) and Form R (the sub-division plan)

Part II : Which shall comprise those qualified persons who are entitle to prepare, sign and submit Form S (The Engineering Plan)

**FORM A**

{ Rule 7(1) }

**The Land Code ( Development And Subdivision Of Land )  
(Qualified Person) Rules, 1998**

**Application For Registration As Qualified Persons**

**To : The Secretary  
State Planning Authority  
Sarawak**

**SECTION A : PARTICULARS OF APPLICANT**

- (1) Name Of Applicant : \_\_\_\_\_
- (2) Date And Place Of Birth/  
Date Of Registration : \_\_\_\_\_
- (3) Identity Card/Passport/No.  
Company Registry No. : \_\_\_\_\_
- (4) Citizenship Status : \_\_\_\_\_
- (5) Business Address/Telephone No : \_\_\_\_\_
- (6) Business Address In Sarawak : \_\_\_\_\_  
*(if different from 5 above)*
- (7) Postal Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- \* (8) Academic Qualifications : \_\_\_\_\_  
*(Please indicate year obtained*  
*And name of institution/*  
*Experience in preparation of plans)* : \_\_\_\_\_
- (9) For body corporate:-
- (i) Date of permit issued under : \_\_\_\_\_  
Relevant laws
- (ii) Name of all Directors and : \_\_\_\_\_  
Shareholders

(10) Membership of Professional Bodies : \_\_\_\_\_  
(Please provide evidence)

(11) Relevant Working Experience : \_\_\_\_\_  
(use separate sheet of paper if space  
not sufficient)

(12) State whether registration : \_\_\_\_\_  
is for Part I or II or both, of the  
register of qualified persons

**PART B : DECLARATION**

I, the undersigned hereby declare that the information given above are true and correct to the best of my believe and knowledge.

I understand that the State Planning Authority reserves the right to cancel my registration if any the information given are found to be false.

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Position in body corporate (if applicable) : \_\_\_\_\_

Date : \_\_\_\_\_

Official Stamp/Seal of Firm