

APPLICATION FORM

APPLICATION FOR CERTIFICATION OF SINGAPORE CERTIFIED ENERGY MANAGER

Note:

Applicant shall note that certified true copy of the following documents is to be attached:

- NRIC/EP/Work Permit ;
- One passport size photograph;
- Academic and/or professional qualification certificates;
- Professional membership/technical associations certificates;
- Latest and updated CV;
- Testimonial from previous/current employers or clients (for Professional level only);
and
- Examination transcripts/results from Registered Training Providers.

Purpose of Application *: New Application Renewal Re-instatement

Level of Certification applied for*: Associate Professional Executive

1. Name: _____

2. Age: _____

3. Nationality: _____

4. NRIC/EP/Work Permit No: _____

5. Designation: _____

6. Academic Qualification:

1. _____

2. _____

[* Tick the appropriate box]

7. Other relevant professional qualification (If any):

1. _____

2. _____

8. Membership of Professional and/or Technical Institutions/Associations

1. _____

2. _____

9. Employment Record

| Period From/Till | Name of Company | Position Held | Responsibilities and Experience |
|------------------|-----------------|---------------|---------------------------------|
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10. Examination Results (for Associate and Professional Level only):

| Date of Examination | Module Description | Name of Registered Training Provider | Credit Point | Verification by Registered Training Provider |
|---------------------|--------------------|--------------------------------------|--------------|--|
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Declaration

1. I, the undersigned, hereby apply for certification assessment with ESU and certify that, to the best of my knowledge, the particulars given in this application and all accompanying documents/declarations are true and correct.

2. You are authorized to make direct enquiries and references to any person, firm, public official or organization name in the application to verify the information submitted herein or regarding my competence and experiences.

Signature: _____ Date: _____

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|---|----------------|
| FOR OFFICAL USE | |
| Remarks: | |
| Recommendation : Approved/Not Approved | |
| Level of CEM certification : Associate/Professional/Executive | |
| Certification Period : _____ to _____ | |
| Date of Approval: _____ | |
| Registration No: _____ | |
| Cheque No: | Date Received: |
| Amount (S\$): | Received by: |