



**PERTUBUHAN PERANCANG MALAYSIA  
MALYSIAN INSTITUTE OF PLANNERS**

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**APPLICATION FOR APPROVAL OF NAME OF PRACTICE**

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**IDENTIFICATION**

Applicants Name: .....

Proposed Name of Practise :  
(According to Priority) 1). .....  
2). .....  
3). .....

Proposed date of  
Commencement of Practice: .....

Particulars of Principals /Partners of the proposed Practice :

Name	Profesion	Registration No.	% of Share

**PARTICULARS OF EXISTING PRACTICE (IF ANY)**

Name : .....  
Type of Practice : .....  
Registration No. : .....

**SIGNATURE OF APPLICANTS**

Name : .....  
MIP Corporate No : .....  
Registered Board No : .....  
Date of Application : .....

**DOCUMENT REQUIRED**

- A copy of letter from your last employment, confirming that you are no longer employed; or
- A copy of written consent for full salaried employee from current employer or head of department for employee for higher institution.