



# **AIBS National Accreditation Scheme**

## Application for Accredited Body Corporate

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## Introduction

“Body Corporate” includes a company constituted under the Corporations Act 2001 (Cth) and other forms of entities constituted under State and Territory legislation and which have the status of a legal person in that they can sue and be sued.

An Accredited Body Corporate is accredited to provide building surveying advisory and consultancy services to clients as well as demonstrating consistent, best-practice process and procedures in statutory building surveying services delivered by individual accredited persons who are directors of or employed by the Body Corporate.

A requirement for accreditation as an Accredited Body Corporate of AIBS is that all Directors and staff employed to provide building surveying advisory, consultancy and statutory services, qualified and eligible to be accredited by AIBS, are individually accredited members of AIBS.

An Accredited Body Corporate will have their liability capped in the same way as Practicing member, and must be covered by [compliant insurance](#). An Accredited Body Corporate will be audited in the same way as a Practicing member and will be subject to a membership fee.

## How to complete the application form

1. Provide all the required details on the form.
2. Make sure that you include supporting documents as required.
3. Ensure all Building Surveying employees and at least one Director is AIBS Accredited and are listed on the application form.
4. Lodge this application form with the Australian Institute of Building Surveyors and pay the membership fee.

## Application fee

The fee required to be paid is listed on the AIBS website. [“Schedule of Fees”](#)

## Lodgement

Submit this form electronically to [memberservices@aibs.com.au](mailto:memberservices@aibs.com.au)

**Part A: Applicant Details**

Please fill in the details below. All fields are mandatory.

Business name

ABN/ACN

Company structure

Postal address

Suburb / Town

State

Postcode

Business email

Business phone

**Accredited Director Details**

Name

Work email address

Mobile

**Part B: AIBS Accredited Employees**

Name	AIBS Accreditation Level	Jurisdiction/s registered in



**Part E: Other Professional Standards Scheme Membership**

Is the Body Corporate a member of another Professional Standards Scheme?

 YES  Name of Scheme \_\_\_\_\_

NO

**Part F: Authority and Acknowledgement**

The applicant acknowledges and agrees as follows:

1. All information set out in this application is true and correct.
2. I have read and understand the requirements of membership (as per the [AIBS membership Policy 01 January 2021](#)).
3. I have read and understand the requirements of the [AIBS Accreditation Scheme](#) and I will comply with those requirements, including ensuring the Body Corporate will comply with all requirements the [AIBS Audit Program](#).
4. I declare the Body Corporate insurance policy complies with the [AIBS Insurance Standards](#).
5. I will notify AIBS of all claims and notifications on the Body Corporate.
6. All Directors and staff employed to provide building surveying advisory, consultancy and statutory services, who are qualified and eligible to be accredited by AIBS, are individually accredited members of AIBS.
7. I will notify AIBS immediately if the Body Corporate receives any claims or notifications exceeding the liability cap.
8. I will notify AIBS of any change to the provided list of Accredited employees.
9. To abide by the AIBS Code of Professional Conduct.
10. To abide by the rules of the [Professional Standards Scheme](#).
11. I will provide any other information as requested by AIBS as required in accordance with AIBS reporting requirements to Professional Standards Councils.
12. The AIBS Board or its officers or agents are not liable for any loss or damage to the applicant that may arise by virtue of any error or omission in any documentation or information received by, prepared or issued by the Board, its officers or agents

Director Name \_\_\_\_\_

 Signature of  
Director

 Date of  
application

**OFFICE USE ONLY**

Application received	
Fee Received:	
Processed by:	