The Chartered Institute of Plumbing and Heating Engineering –
Hong Kong Branch
英國特許水務學會—香港分會
P.O. Box 23229, Wanchai, Hong Kong,
Tel: 2417-0091 Fax: 2417-9719 E-mail: info@ciphe.org.hk web-site: www.ciphe.org.hk

REFEREE FORM **CONFIDENTIAL**

THIS FORM MUST BE COMPLETED BY REFEREE AND RETURNED

Referee must be associated with plumbing or allied discipline and familiar with the Applicant's work

Please answer the following questions:

1. Write the full name of the APPLICANT: _____
2. How long have you known the applicant? ( ) years ( ) months
3. Are you related to the applicant? ( ) yes ( ) no
4. Is the applicant employed by you? ( ) yes ( ) no
5. If the applicant works with the same firm / organization as you, is he / she, in relation to you?
   Tick ( ) Junior ( ) Equal ( ) Senior
6. Make comments about your knowledge of the applicant and his / her expertise in:-
   Hot & Cold Water Services / Domestic Central Heating / Sanitary Plumbing / Sheet Roof-work.
   (If you have no comments, please explain your reasons)

I DECLARE THAT: This statement is true, fair and reasonable to the best of my belief

Full Name: _____ **Position:** _____

Company & Address: _____

_____

Telephone No.: _____ ***CIPHE Category:** _____

Registration No.: _____ **Signed** _____ **Date:** _____

**: If a non-member, please state your Institute and corresponding Membership Category*

Noted: Additional sheets may be added if space provided is not enough