

board of architects singapore

5 Maxwell Road, #01-03 Tower Block, MND Complex, Singapore 069110. Tel: 6222 5295 Fax: 6222 4452

APPLICATION FOR ARCHITECT TO BE REGISTERED AS ASEAN ARCHITECTS (AA) (For Singapore Registered Architects)

Paste a recent
passport size
photograph of
applicant

Please complete this form using **BLOCK LETTERS**
and tick boxes () where applicable

A PERSONAL PARTICULARS

Name of Applicant * Mr/Mrs/Miss/Mdm
(As in Passport) -----

Architect Regn No. -----

* NRIC/Passport No. -----

Nationality -----

Home Address -----

Contact No. Home: ----- Handphone: -----
Office: -----

Email Address -----

B PRACTICAL EXPERIENCE

I wish to be placed on the ASEAN Architect Register (AAR) and apply as described below in accordance with the provision that defines two (2) years experience in responsible charge of significant architectural works.

Applicant is required to submit details as set out in the required **Appendix 1**. (Give full particulars, including the names of employers, positions held and dates when employed by each employer)

C I enclose the fee of:

a) First application: S\$200.00 (One time payment)

b) Renewal: S\$50.00 (Per Year)

(*cash/cheque/bank draft No. _____ made payable to **Board of Architects**)

D DECLARATION

I, the undersigned, hereby declare that all the foregoing statements are true in every respect.

Signature of Applicant

Date

* Delete where not applicable

Note: Applicant is reminded that it is an offence to make any false or fraudulent representation or declaration, either verbally or in writing in connection with this application.

FOR OFFICIAL USE ONLY

Fee Received -----

Receipt No. -----

Asean Architect Regn No. -----

Entered in Register -----

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DECLARATION FOR THE APPLICATION AS ASEAN ARCHITECT (AA)

I hereby declare that:

	YES	NO
I am an Architect	<input type="checkbox"/>	<input type="checkbox"/>
I meet all the requirements in Article 3 of the ASEAN Mutual Recognition Arrangement (MRA)	<input type="checkbox"/>	<input type="checkbox"/>
No disciplinary action have been taken against me	<input type="checkbox"/>	<input type="checkbox"/>
I am not a bankrupt	<input type="checkbox"/>	<input type="checkbox"/>

Others:

Yours Sincerely,

Name

Identity Card Number

Architect Registration Number

Passport Number

Date

Note: Please tick (✓) in the relevant box.

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APPENDIX 1 – SIGNIFICANT ARCHITECTURAL WORK EXPERIENCE

1. Significant Architectural Work Experience (describe in retrospective order, beginning with the most recent one.)

Work No.	Start Date / End Date (MM/YY)	Name of Organisations / Position / Title	Name of Work	Attestant's Column		
				Signature	Relationship of Attestant to Applicant	Tel / Fax

Note: The attestant above shall be, in principle, the representative of the organization under which the applicant executed his architectural work

2. Detailed Description of Significant Architectural Work (Describe, in detail, each work listed in Part 1.)

Work No.	Position in Architectural Work	Contents of Work (Describe the contents and significance of work, the applicant's role, and the degree of the applicant's responsibility. Using about 50 words.)

Note: Make a copy of this sheet when an extra sheet is needed.

I hereby declare that the above descriptions are true to the best of my knowledge.

Signature

Architect Applicant's name

Date