

board of architects singapore

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

APPLICATION FOR ADMISSION TO THE CONFIRMATORY EXAMINATION UNDER SECTION 15(1)(C) OF THE ARCHITECTS ACT

**To: The Registrar
Board of Architects
1st Storey Tower Block
MND Complex
Singapore 069110**

1. I hereby apply for admission to the confirmatory examination under Section 15(1)(c) of the Architects Act 1991 to be conducted by the Board of Architects.
2. I submit herewith my application form and the following documents for the Board's consideration:
 - a. A copy of my qualification papers (such as degree, diploma etc.)
(Please bring along the original copies of your certificates for verification)
 - b. A copy of transcript of courses completed, showing subjects and examination results
(Please bring along the original copies of your transcripts for verification)
 - c. Full academic portfolio (from start of course till completion)
3. I enclose the fee of S\$150.00 (*cash/cheque No. _____ made payable to **Board of Architects**)
4. I, the undersigned hereby declare that the information I have supplied in this form and in the documents enclosed, are complete and true.

Name & Signature

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

Application received date : _____

Application fee received : S\$150/--

Receipt No : _____ (Issued / Mailed)

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Paste a recent
passport size
photograph of
applicant

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Please complete this form using BLOCK LETTERS and tick boxes [] where appropriate

A PERSONAL DETAILS

Full Name
(Underline Surname)

* Mr/Mrs/Miss/Mdm

*NRIC/Passport No.

Home Address

Home Telephone No.

Mobile No.

Nationality

*Residential Status

Singapore PR [] / Professional Employment Pass []

Country of birth

Date of birth

Race

Chinese [] Malay [] Indian [] Others []

Please specify: _____

* Delete where not applicable

B OFFICE PARTICULARS

Office Name

Office Address

 Office Telephone: Office Fax:

C ARCHITECTURAL QUALIFICATION & ACCREDITATION

Qualification in architecture and country obtained	Year

Full name and address of the University, College or educational institution which conferred the above degree, diploma or other architectural qualification.

Name and address of University or Institution	Normal length of course	Date commenced	Date Completed	Full Time/ Part Time

Accreditation and Year: (Please indicate countries in which you are registered)	

D PRACTICAL EXPERIENCE

Give full particulars, including the names of employers, position held and dates when employed by each employer.

No	Employer's firm name and address	Country	Type of firm	Date & Duration of Employment

E PROFESSIONAL REFERENCES

Every person applying for examination under Section 15(1)(c) must be recommended by two practising architects having registered with the Board for a period of not less than 15 years. Such recommendation must refer to the applicant's competence in the performing of his professional duties.

i) Name _____
Firm Name _____
Address _____

Date Registered _____ Practising Certificate No. _____
No. of years registered with the Board _____
Period of Acquaintance _____

ii) Name _____
Firm Name _____
Address _____

Date Registered _____ Practising Certificate No. _____
No. of years registered with the Board _____
Period of Acquaintance _____