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 architectural degree (*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. Academic portfolio (*To bring along for the interview*)
 - d. Practical experience portfolio (*To bring along for the interview*)
 - e. Two letters of recommendation (Sealed and sent directly to BOA before the application deadline)
 - f. Letter of undertaking
- 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/
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Receipt No : _____ (Issued / Mailed)

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Paste a recent passport size photograph of applicant

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.
Email Address	
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 radiess			
	Office Telephone:	Office Fax:	

C ARCHITECTURAL QUALIFICATION & ACCREDITATION

nd country obtained Year	Qualificat

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 LETTERS OF RECOMMENDATION

Every person applying for examination under Section 15(1)(c) must be recommended by two practising architects who are registered in Singapore and fulfill the following conditions: -

- i) One of the architect must be the current employer of the applicant
- ii) The second architect should be an ex-employer of the applicant (If the applicant does not have any previous employer, he/she can approach another registered architect with a valid practising certificate to be his/her character referee.)

The letters of recommendation must be sealed and sent to the Board directly by the two registered architects before the application deadline

i)	Name	
	Registration No.	
	Firm Name	
	Address	
ii)	Name	
	Registration No.	
	Firm Name	
	Address	