

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

**To: The Registrar  
Board of Architects  
1<sup>st</sup> 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.

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**FOR OFFICIAL USE ONLY**

Application received date : \_\_\_\_\_

Application fee received : S\$150/--

Receipt No : \_\_\_\_\_ (Issued / Mailed)

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

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 Telephone: <span style="float: right;">Office Fax:</span>

**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.

<b>No</b>	<b>Employer's firm name and address</b>	<b>Country</b>	<b>Type of firm</b>	<b>Date &amp; Duration of Employment</b>

