board of architects singapore
5 Maxwell Road, #01-03 Tower Block, MND Complex, Singapore 069110
E: BOA_Enquiry@boa.gov.sg | www.boa.gov.sg

REGISTRATION AS A PROFESSIONAL PRACTICE EXAMINATION CANDIDATE

To: The Registrar
Board of Architects
#01-03, Tower Block
MND Complex
Singapore 069110

1. I wish to register as a Professional Practice Examination candidate for the Professional Practice Examination under Section 15(2)(a).

2. I submit herewith my application form and the following documents:

   a) A copy of my degree/diploma^

   b) A copy of transcript for the above degree/diploma, showing subjects and examination results^

   c) Confirmation letter from employer

   d) Agreement to be the Supervisor and Advisor for PPE Candidate, duly signed

   ^ *Original educational certificates and academic transcripts are to be produced for verification during the appointment.*

3. The registration fee of S$100.00 has been made via PayNow/Internet Banking on _____.

4. All requirements pertaining to become a PPE candidate must be complied with, failing which the candidate will not be allowed to sit for the examination.

5. I, the undersigned, hereby declare that the information I have supplied in this form and in the documents enclosed, are complete and true.

_____ Date

_____ Name & Signature

FOR OFFICIAL USE ONLY

Effective Date of Registration: _____ ( ) Application fee received: S$100/-

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Paste a recent passport size photograph of applicant

APPLICATION FOR REGISTRATION AS PROFESSIONAL PRACTICE EXAMINATION CANDIDATE

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

PERSONAL DETAILS

Full Name _____
(As per NRIC/Passport. Please underline your last name/surname)

*NRIC/Passport No. _____

Home Address _____

_____

Email Address _____

Home Telephone No. _____ Mobile No. _____

Nationality _____

Residential Status Singapore Citizen [ ] Singapore PR [ ] Employment Pass [ ]

Country of birth _____ Date of birth _____

Race Chinese [ ] Malay [ ] Indian [ ]

Others [ ] Please specify: _____

Mailing Address Home [ ] Office [ ]

* Delete where not applicable

TERTIARY EDUCATION

Qualification in architecture & country obtained

_____

_____

_____

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

EMPLOYMENT DETAILS

Firm Name _____

Firm Address _____

_____

Firm Phone No. _____

Name of Supervisor _____

Name of Advisor _____

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PROFESSIONAL PRACTICE EXAMINATION UNDER SECTION 15(2)(A)
AGREEMENT TO BE THE SUPERVISOR AND ADVISOR FOR PPE CANDIDATE

Name of candidate
(as per NRIC/Passport) _____

We hereby confirm that we fulfil the eligibility criteria for appointment as the Supervisor and Advisor to the abovementioned PPE candidate, and we undertake to perform our roles and responsibilities in accordance with BOA's guidelines.

Details of Supervisor

Name
(as per NRIC/Passport) _____

Firm _____

BOA Registration No. _____

Handphone No. _____

Email address _____

Signature _____

Date _____

Details of Advisor

Name
(as per NRIC/Passport) _____

Firm _____

BOA Registration No. _____

Year Registered _____

No. of Years in Practice _____

Handphone No. _____

Email address _____

Signature _____

Date _____