

**ARCHITECTS ACT
(SECTION 20)**

**APPLICATION FOR APPROVAL/CHANGE OF FIRM'S NAME/
CHANGE OF FIRM TYPE**

A CURRENT INFORMATION

Name of Architect _____

Registration No. _____

Place of employment
(Existing firm) _____

Address of place of
employment
(Existing Firm) _____

Email Address _____

Contact Number(s) _____ (O) _____ (HP)

Existing **architectural** firm(s) in your name (Please list and provide details, eg. name of firm, type of firm, date of registration) (if applicable)

Name of Partner(s)/ Director(s) and Registration No(s) (if applicable)

Please declare any existing **non – architectural firms** with similar firm name(s) to the proposed firm name that are in your name (Please list and provide details) (If applicable)

B DETAILS OF APPLICATION

Type of Application	Change of firm name ()	New firm name ()
	Change of firm type ()	
Type of firm	Sole Proprietorship ()	Partnership ()
	Licensed Partnership ()	Limited Liability ()
	Licensed Corporation ()	Partnership (LLP)
Name applied for		
Reason for name		
Principal place of business		
Contact Number(s)	Email	
Reason for change of firm name (if applicable)		
Proposed date for deregistration of existing firm and Reason for proposed date (if applicable)		

C I enclose the fee of:

a) ☐ Approval of firm's name : S\$20.00

b) ☐ Change of firm's name/Change of firm type : S\$50.00

The application fee has been made via PayNow/Internet Banking on _____(Date).

(Note: Please attach a copy of the proof of payment. Fees paid are non-refundable.)

D DECLARATION

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

Name and Signature of Applicant(s)

_____	_____
_____	_____
_____	_____

Date of application _____

* Delete where applicable

() Tick where applicable

FOR OFFICIAL USE ONLY

Application received date : _____

Application Fee **\$20/- or \$50/-** (PayNow/Internet Banking on _____)