

**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.
2. I submit herewith my application form and the following documents:
  - a) A copy of my degree/diploma  
**(Please bring along the original of your degree/diploma for verification)**
  - b) A copy of transcript for the above degree/diploma, showing subjects and examination results  
**(To bring along the original of the transcripts for verification)**
  - c) Confirmation letter from employer
  - d) Agreement to be the Supervisor and Advisor for PPE Candidate, duly signed
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

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**FOR OFFICIAL USE ONLY**

Effective Date of Registration: \_\_\_\_\_

( ) Application fee received: S\$100/-

( ) Purchase of Log book: \$16/-

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 PR [ ] / Professional 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

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

Name and Address of present firm

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Firm Phone No: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Name of Advisor: \_\_\_\_\_

Our Ref: BOA 120.2

Date:

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

Dear Sir

**AGREEMENT TO BE THE SUPERVISOR AND ADVISOR FOR PPE CANDIDATE**

**Name of Candidate:** \_\_\_\_\_

We hereby confirm that we are agreeable to commit ourselves as the Supervisor and Advisor for the above-named PPE Candidate. We shall carry out role and responsibilities in accordance with BOA's guidelines.

**Name of Supervisor:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Designation: \_\_\_\_\_

Mobile No. \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Advisor:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Designation: \_\_\_\_\_

Date Registered: \_\_\_\_\_ No. of Years in Practice: \_\_\_\_\_

Mobile No. \_\_\_\_\_ Email: \_\_\_\_\_