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 of firm, date of registra	firm(s) in your name (Please list and provide details, eg. name of firm, type tion) (if applicable)
Name of Partner(s)/ Di	rector(s) and Registration No(s) (if applicable)
	ating non – architectural firms with similar firm name(s) to the proposed our 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 Licensed Partnership Licensed Corporation	() () ()	Partnership Limited Liability Partnership (LLP)	()
Name applied for				
Reason for name				
Principal place of business				
Contact Number(s)		Ema	ail	
Reason for change of firm name				
(if applicable)				
Proposed date for				
deregistration of existing firm and				
Reason for proposed date (if applicable)				

C	1 enc	close the 1	ree or:									
	a) Approval of firm's name								: S\$20.00			
	b)	b) Change of firm's name/Change of firm							m type : S\$50.00			
	The	applica			has	been	made	via	PayNo	ow/Internet	Banking	on
		(Date).										
	(Not	(Note: Please attach a copy of the proof of payment. Fees paid are non-refundable.)										
D	DEC	CLARAT	'ION									
						.1 . 11	.1 6					
I/We*	the u	ndersigne	ed, here	eby de	eclare	that all	the foreg	going s	tatemen	ts are true ir	n every resp	ect.
Name	and Si	ignature o	of Appl	icant	(s)							
												—
Date of	of appli	ication										
		nere appli										
() Ti	ck whe	ere applica	able									
				_								
FOR (<u>OFFIC</u>	IAL USE	ONL	<u>Y</u>								
Applio	cation	received o	date	:								
Appl	ication	i Fee		•	\$20/-	or \$50/-	(PayNo	w/Inte	rnet Bar	iking on)	Į