

# International Performing Arts Certification Board

185A, Upper Thomson Road, Singapore 574333  
Tel: (65) 6717 6087 Email: info@ipacb.org www.ipacb.org



## REGISTRATION FORM FOR MUSIC THEORY

### Notes:

1. Please write clearly in CAPITAL LETTERS.
2. Kindly fill in the form accurately. Incorrect or incomplete form may not be processed.
3. Attach documentary proof (special needs or medical conditions) if necessary.

### APPLICANT'S PARTICULARS

Family Name:		Given Name:	
Applicant No:	Mobile Phone:	ID/Passport No:	
Mailing address:			
			Postal Code:
Occupation:		Email Address:	

### CERTIFICATION INFORMATION

Certification Session:	
Period 1: April <input type="checkbox"/>	Period 2: July <input type="checkbox"/>
Period 3: November <input type="checkbox"/>	
Certification Center (if applicable):	

### CANDIDATE INFORMATION

Candidate One:			
Family Name:		Given Name:	
Date of Birth:		Identification/Passport No.:	
Certification Subject: Music Theory: <input type="checkbox"/>	Level:	Fee:	
Special Care (if any): Large Notation <input type="checkbox"/>	Hearing Impaired <input type="checkbox"/>	Immobility <input type="checkbox"/>	Others:
Candidate Two:			
Family Name:		Given Name:	
Date of Birth:		Identification/Passport No.:	
Certification Subject: Music Theory: <input type="checkbox"/>	Level:	Fee:	
Special Care (if any): Large Notation <input type="checkbox"/>	Hearing Impaired <input type="checkbox"/>	Immobility <input type="checkbox"/>	Others:

CANDIDATE INFORMATION			
Candidate Three:			
Family Name:		Given Name:	
Date of Birth:		Identification/Passport No.:	
Certification Subject: Music Theory: <input type="checkbox"/>		Level:	Fee:
Special Care (if any): Large Notation <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Immobility <input type="checkbox"/> Others:			
Candidate Four:			
Family Name:		Given Name:	
Date of Birth:		Identification/Passport No.:	
Certification Subject: Music Theory: <input type="checkbox"/>		Level:	Fee:
Special Care (if any): Large Notation <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Immobility <input type="checkbox"/> Others:			
Candidate Five:			
Family Name:		Given Name:	
Date of Birth:		Identification/Passport No.:	
Certification Subject: Music Theory: <input type="checkbox"/>		Level:	Fee:
Special Care (if any): Large Notation <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Immobility <input type="checkbox"/> Others:			
Candidate Six:			
Family Name:		Given Name:	
Date of Birth:		Identification/Passport No.:	
Certification Subject: Music Theory: <input type="checkbox"/>		Level:	Fee:
Special Care (if any): Large Notation <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Immobility <input type="checkbox"/> Others:			

PAYMENT (FOR OFFICIAL USE ONLY)	
Total Certification Fee: S\$	
Payment Mode: Cash <input type="checkbox"/> Cheque <input type="checkbox"/> NETS <input type="checkbox"/>	
Receipt Number:	
DECLARATION	
I declare that I am 18 and above:	
<input type="checkbox"/> Yes, I am 18 and above. (Proceed to sign on Candidate's Signature Column)	
<input type="checkbox"/> No, I am below 18. (Proceed to complete Parent/Guardian Information)	
Name of Parent/Guardian:	
Email Address:	Contact Number:
Parent/Guardian's Signature:	Date:
Candidate's Signature	Date: