

International Performing & Visual Arts Examination Board

185A, Upper Thomson Road, Singapore 574333
Email: info@ipvaeb.org www.ipvaeb.org



FOUNDATION MUSIC ASSESSMENT REGISTRATION FORM

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 (If any):	Mobile Phone:	ID/Passport No:
Mailing address:		
		Postal Code:
Occupation:	Email Address:	

CANDIDATE INFORMATION

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

CANDIDATE INFORMATION (CONT)		
Candidate Three:		
Family Name:	Given Name:	
Date of Birth:	Identification/Passport No.:	
Certification Subject: Foundation Music Assessment <input type="checkbox"/>	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: Foundation Music Assessment <input type="checkbox"/>	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: Foundation Music Assessment <input type="checkbox"/>	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: Foundation Music Assessment <input type="checkbox"/>	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: