

# International Performing & Visual Arts Examination Board

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## 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:	

### EXAMINATION INFORMATION

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

### CANDIDATE INFORMATION

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