



International Feng Shui Association

1 Science Park Road, #04-07 The Capricorn, Singapore Science Park II
Singapore 117528 Tel: (65) 6395 7575 Fax: (65) 6536 0896

Application for Accreditation of the title *Master*

To be duly filled and sent to IFSA accompanied by supporting documents.

1. PERSONAL PARTICULAR

Name: _____ Gender M/F _____

Date of Birth _____ Nationality _____

Passport/NRIC No. _____

Residential Address _____

Residence Phone _____

Mobile Phone _____

Email: _____

Office Address (if any) _____

Preferred Correspondence Address: Home/ Office

2. COMPANY DETAILS (Feng Shui related)

Company Name: _____

Operating Address: _____

Office Phone (s) _____

Registration Date: _____

Note: All supporting documents must be attached for reference

3. ACADEMIC QUALIFICATION (Including Feng Shui related discipline)

Degree/Diploma/Certificate:

(i) _____

(ii) _____

(iii) _____

Others:

(i) _____

(ii) _____

Note: Photocopies of all certificates mentioned above to be attached with this application form

4. REFEREE

Referee/ Mentor name: _____

Phone Number : _____

Note: referees/ mentor should be within Feng Shui related disciplines

5. ACCREDITATION FEE

I have enclosed a payment of S\$550 comprising S\$ 50.00 for processing(non-refundable) and S\$ 500.00 for accreditation. Methods of payment (please choose one):

- Cheque/ Money Order payable to IFSA
- Telegraphic Transfer: International Feng Shui Association
Oversea-Chinese Banking Corporation Ltd
OCBC Centre Branch Singapore
Acc No 501-869192-001
Swift Code: OCBCSGSG

6. FENG SHUI AUDIT SUBMISSION

Please attach with this application form your Feng Shui Audit report of not more than 5000 words

7. DECLARATION

I, _____, declare that the above information are true and correct.

Signature of applicant: _____ Date _____

For Official Use Only

Payment received in:
Cheque/Money Order/Telegraphic Transfer

Checked By _____
Accreditation Approved by: _____ Date _____
Comments (if any) _____
