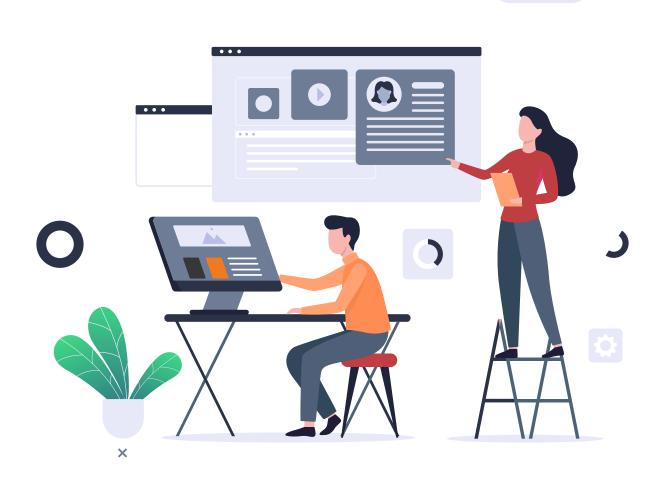
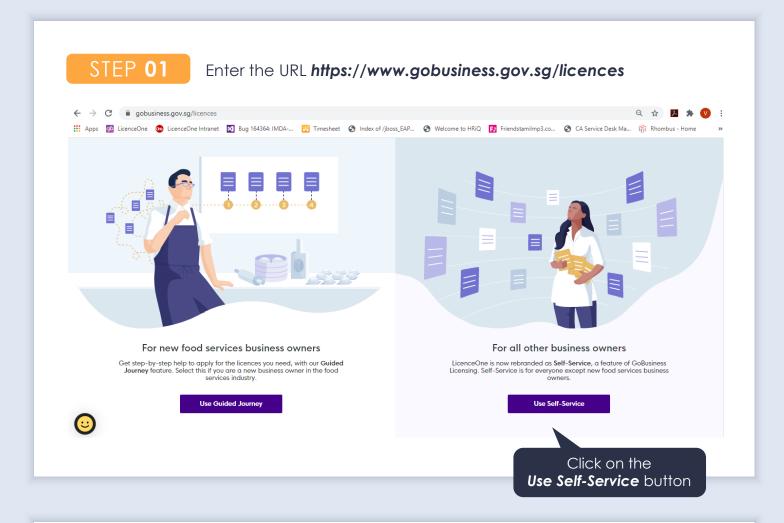


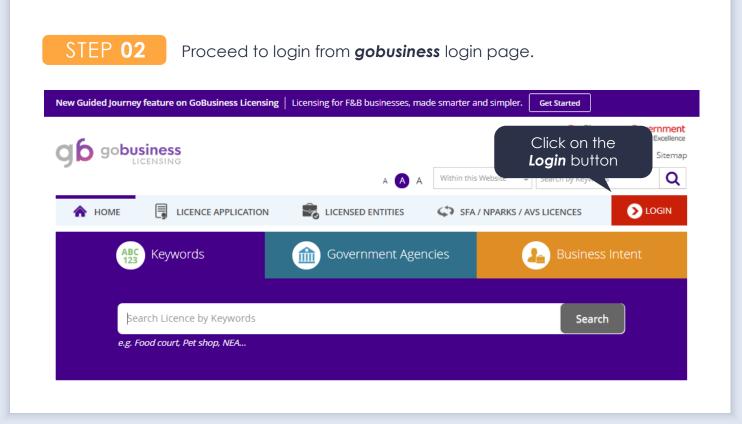
STEP BY STEP GUIDE

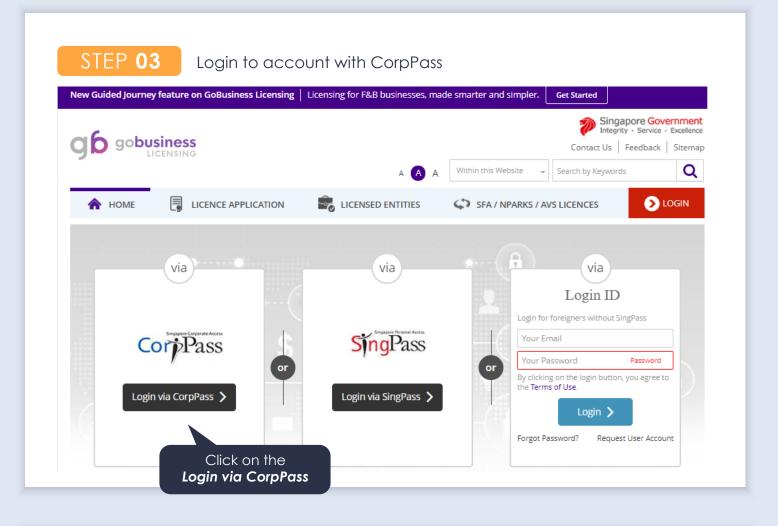
IECP to View Licence Data Renewal



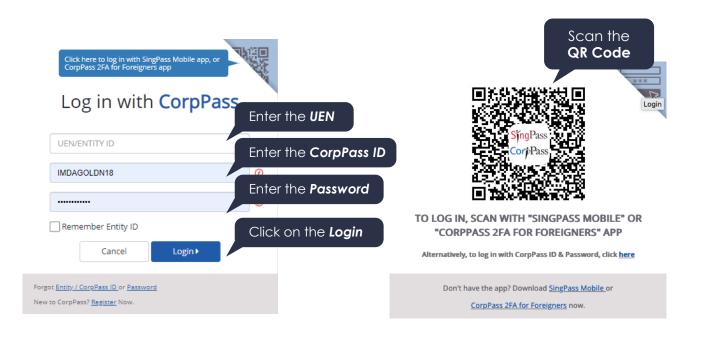
This document explains how applicants can login and view the licence data for IECP licence.

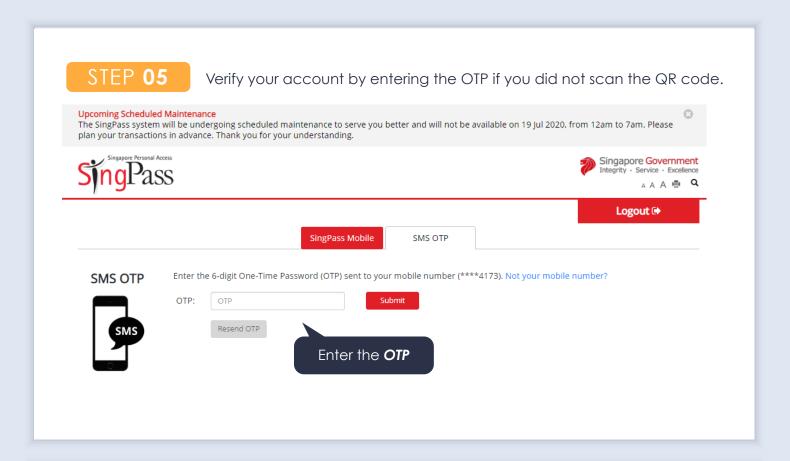


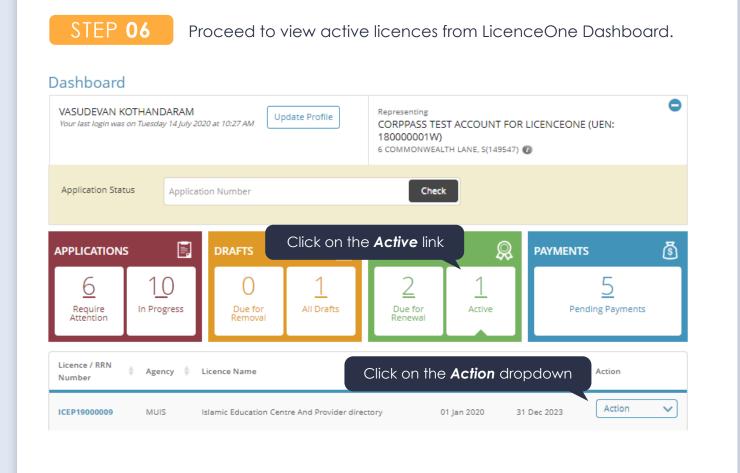


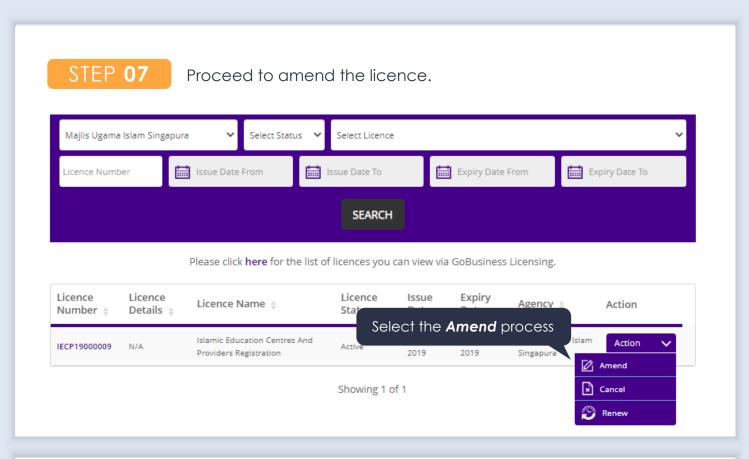


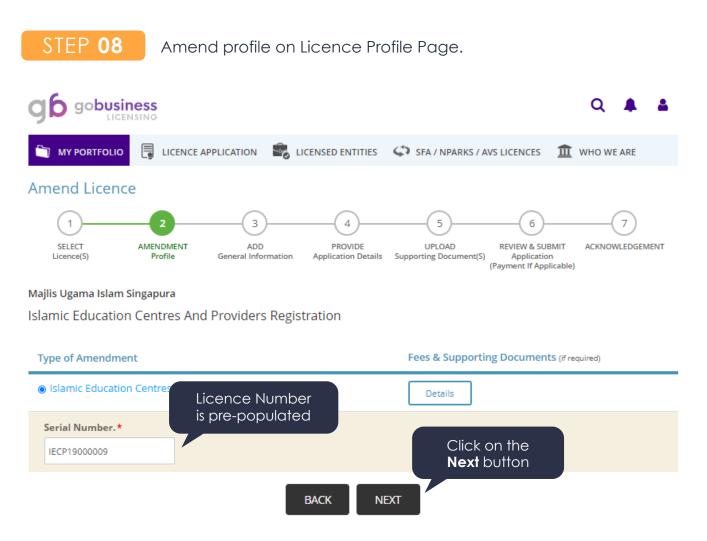
Enter the CorpPass details or scan the QR code with your SingPass Mobile app.











Agree to Terms of Use.



Amend Existing Licence

Terms of Use

I. Agreement

- Access this services is governed by the terms and conditions as stated below ("Terms of Use"). By accessing and using the
 Website, you shall be deemed to have accepted and agreed to be legally bound by these Terms of Use. If you do not accept
 any of these Terms of Use, please leave the Website.
- 2. In these Terms of Use, the words "we", "our" and "us" refer to the Government of Singapore and all Statutory Boards. "Statutory Board" means any body corporate established by or under written law from time to time to perform or discharge any public function.
- These Terms of Use may be changed from time to time. Changes will be posted on this page. Your use of the Website after changes have been posted on the Website will constitute your agreement to the modified Terms of Use and all of the changes.
- 4. We may modify or discontinue any information or features that form part of the Website at any time, with or without notice

Click the checkbox

By clicking on the checkbox, I agree to be bound by the Terms of Use.

STEP **10**

Fill in required fields with filer's particulars.

Filer's Particulars

Note: Salutation, Name, Citizenship, Gender and Date Of Birth are taken from User Profile for your convenience. Please proceed to Update User Profile screen to edit these information where necessary. Salutation * Designation * Managing Director Name* Office Tel Number S0531130Ftest Home Tel Number 9 **▼** +6561234567 Citizenship * AUSTRALIAN Fax Number Gender* Male ○ Female Mobile Number Date Of Birth * 01/02/1972 Email* test@ttt.com **Primary Contact** O Office Tel Number Mode * Alternative Email Home Tel Number O Mobile Number Tick if you prefer to ve status updates Click on the ence application via **Next** button Save as Draft Save as Draft & Exit

Provide application details on the IECP Licence Specific Page.

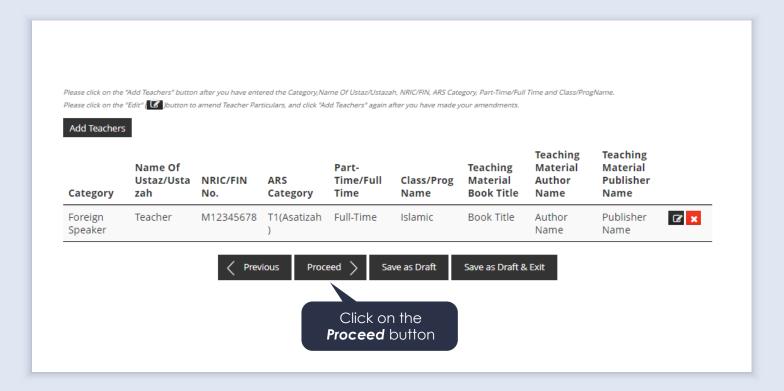
Amend Existing Licence

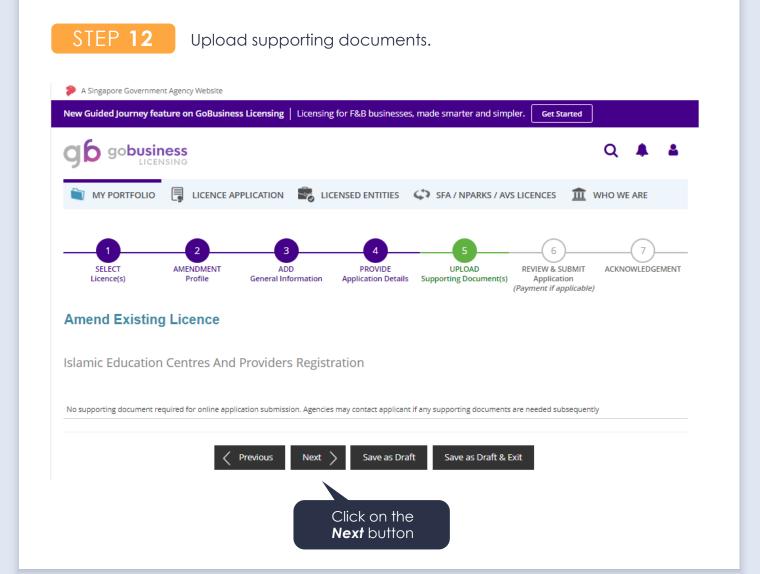
Islamic Education Centres And Providers Registration (MUIS)

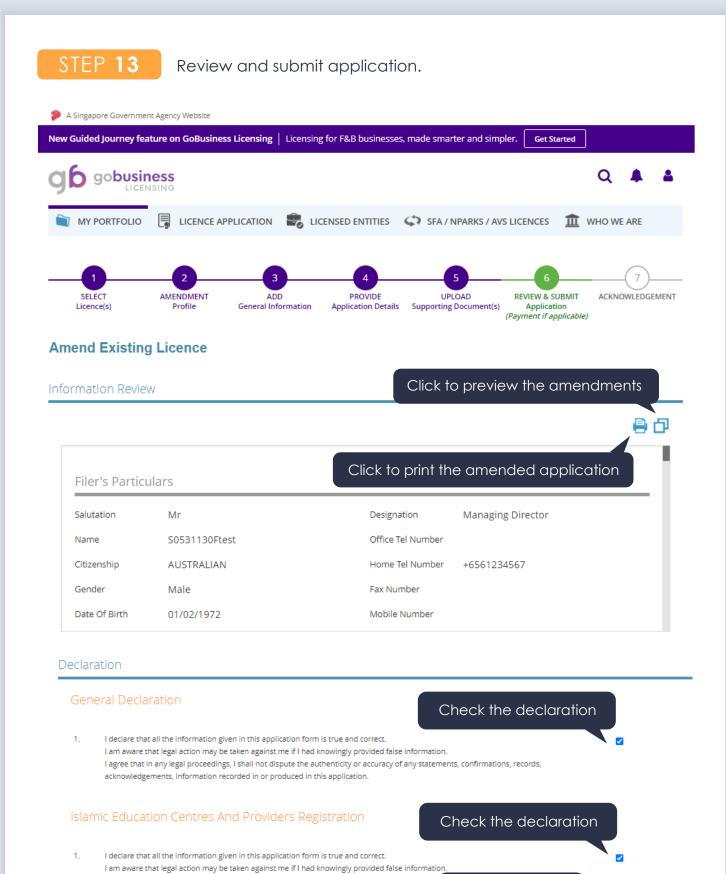
Section A: Organisation / Company / Education Centre Particulars

Serial Number	IECP19000009		
Parent Organisation			
UEN No.	180000001W		
Registered Name	CORPPASS TEST ACCOUNT FOR LICENCEONE		
Organisation Type	ACRA		
Applicant Name			
Applicant ID			
Address			
Postal Code	149547	Office No	+6561234567
Block/House Number	6	E-Mail	test@ttt.com
Street Name	COMMONWEALTH LANE	Website	
Level			
Unit Number		Other Social Media Platform(Facebook, Instagram,etc)	
Building name		instagrani,etc)	
Curriculum Category	☐ Quran☐ Fardhu Ain☐ Arabic☐		
Section B: Par	ticulars of Centre / Branch to l	pe registered	
Section B: Par		oe registered	01
Centre/Branch	ticulars of Centre / Branch to l		01
Centre/Branch Name*	ticulars of Centre / Branch to l	Level Unit Number	01
Centre/Branch Name* Address :	Islamic Branch Retrieve Address	Level	
Centre/Branch Name * Address : Postal Code *	Islamic Branch Retrieve Address	Level Unit Number	01
Centre/Branch Name * Address: Postal Code * Please enter your postal code a Block/House	Islamic Branch S70112 Retrieve Address and click "Retrieve Address"	Level Unit Number Building name	01 BISHAN VIEW
Centre/Branch Name* Address: Postal Code* Please enter your postal code. Block/House Number*	Islamic Branch 570112 Retrieve Address and click "Retrieve Address"	Level Unit Number Building name Office No*	01 BISHAN VIEW ▼ +6568877664
Centre/Branch Name* Address: Postal Code* Please enter your postal code. Block/House Number*	Islamic Branch 570112 Retrieve Address and click "Retrieve Address" 112 BISHAN STREET 12	Level Unit Number Building name Office No* E-Mail*	01 BISHAN VIEW ▼ +6568877664
Centre/Branch Name* Address: Postal Code* Please enter your postal code of the second of the seco	Islamic Branch 570112 Retrieve Address and click "Retrieve Address" 112 BISHAN STREET 12	Level Unit Number Building name Office No* E-Mail*	01 BISHAN VIEW ▼ +6568877664
Centre/Branch Name* Address: Postal Code* Please enter your postal code a Block/House Number* Street Name*	Islamic Branch 570112 Retrieve Address and click "Retrieve Address" 112 BISHAN STREET 12 rson in Charge	Unit Number Building name Office No* E-Mail* Alternate Email	01 BISHAN VIEW ▼ +6568877664 sample@sample.com

Name Of			If Other, Please specify	
offiliations/Subsidiaries/ occreditation				
lature Of Relationship	Please Select 🗸			
	Subs/Accre" button after you have enter the			
ease click on the "Edit" (s/ Subsidiaries/ Accrediatio	n bodies and click "Add Afflns/Sul	bs/Accre" again after you have made your amei
Name Of Affiliation				
Accreditation	Nature	Of Relationship No records		er, Please specify
Centre / Branch	Enrolment & Course Info		available	
Note: If the informa	ation is not relevant to the c	ompany please s	kip the "Total No of S	tudents:" section.
0-4 years old	0		17-20 years old	0
5-6 years old	0		>=21 years old	0
, o years old	<u> </u>		21 years old	
7-12 years old	14		Total No Of Students:	21
3-16 years old	7			
ype Of Class/Prog Offered	WeeklySeminar-basedWokshop-basedHome-basedOnline-basedOthers			
f Other, Please specify				
eacher Particula	ars (Including Relief Tead	chers)/Curricult	um Information	
	particulars of part-time/full-tin			on or education centre.
Category*	Please Select 💙		ARS Category	Please Select 💙
Passport *			Part-Time/Full Time	Please Select 🔻
			Class/Prog Name *	
Name Of Jstaz/Ustazah*				
	(add teaching materials) workbook titles, slides, videos,	, etc)		
Feaching Material Book Title*	Please enter only 1 book title here			
Teaching Material Author Name*		//		
	If more than 1 author for the book, please comma (',)	e separate using		
Teaching Material Publisher Name*		<i>h</i>		
	If more than 1 publisher for the book, ple using comma (',)	ease separate		







Click on the

Submit button

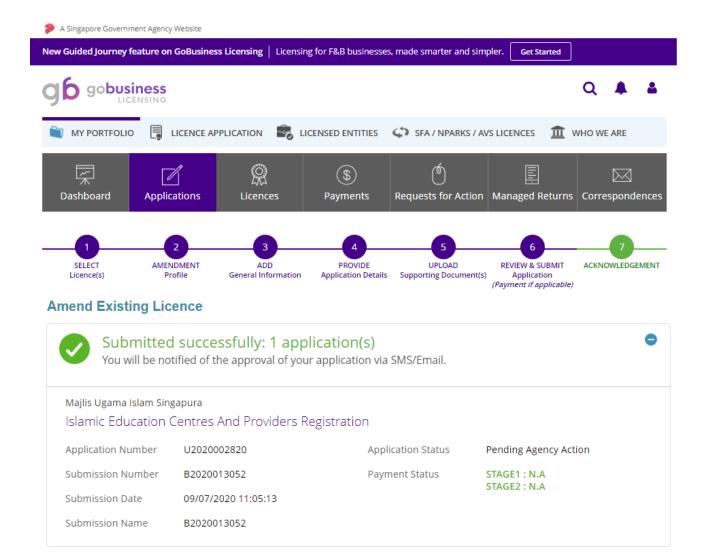
I agree that in any legal proceedings, I shall not dispute the authenticity or accuracy of any state

Previous

Submit

acknowledgements, information recorded in or produced in this application.

Save or print acknowledgement before exiting.



View your Applications and Status

NOTE

Application has been submitted successfully. You will be notified of the approval of your application by email/sms. Processing status will also be updated under the Application Status Column.

Please note that the "Submission Name" is for your personal reference only.

You may retrieve your submission and application details by clicking on the "Applications" tab in the "My Portfolio" menu.

PRINT

CLOSE