

ARCHITECTS AND QUANTITY SURVEYORS REGISTRATION BOARD



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Issuing Officer & date	Processing Officer & date	Form Number

FOR OFFICIAL USE

**APPLICATION FOR REGISTRATION AS A  
GRADUATE FURNITURE ARCHITECT**

Dated \_\_\_\_\_

[Made under By-law 4]

**1 Personal Information** (Attach current CV and two current passport photographs)

Family Name _____	First Name: _____	Other Names: _____
Place of Birth Country, _____	Date of Birth Year, _____	Other Particulars Nationality, _____
City, _____	Month, _____	Sex, Male / Female _____
District, _____	Day, _____	Marital status _____

**2 Current Postal Address** \_\_\_\_\_  
Telephone No(s): \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_ e-mail: \_\_\_\_\_

**3 Physical Address** (Location of Registered Office)  
House No. \_\_\_\_\_ Block No \_\_\_\_\_ Street Na \_\_\_\_\_ Town/City: \_\_\_\_\_

**4 Name and Contact Address of the Academic Institution that trained you:** Name \_\_\_\_\_  
Box No. \_\_\_\_\_

Telephone No(s): \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

**This application Form contains fifteen sections and each must dully be filled in before it is processed by the Board.**

5. **Academic qualifications** (Attach certified Photocopies, current cv and two passport photographs)

Name of Institution and Place of Study	Cause of Study	Year of From	Attendance To	Qualifications obtained (Degree/Diploma etc.)

8 Have attempted **The Board's Examination** Y/N and or an **Oral Interview** Y/N

9 **Personal References** :( Referees must be **Furniture Architect** registered with the Board in Tanzania)

Referees	Address (Postal, Mob. No & e-mail)	Association/Relationship with the applicant
(i).Name		
Signature		
(ii).Name		
Signature		
(iii) Name		
Signature		

8 Have you been **registered with any other similar Board in the past?** Yes/No.

If Yes, Which Board? \_\_\_\_\_, in which country? \_\_\_\_\_

and when? \_\_\_\_\_. Have you been de-registered there? Y/N if Yes When? and why? \_\_\_\_\_

10 Have you been **de-registered with our Board in the past?** Yes/No.

If Yes, **Why** were you de-registered? \_\_\_\_\_

11. Are you registered by Architects Association of Tanzania? Yes/No.

If Yes give your Registration No \_\_\_\_\_

*The Architects and Quantity Surveyors (Registration) Act*

GN. No. 377

12 The prescribed registration Fee (registration, annual subscription and certificate of registration fees) shall be paid at the time of application.

Registration fee of TShs/US\$ \_\_\_\_\_ and \_\_\_\_\_ in words, \_\_\_\_\_ is enclosed in cash / vide Cheque no. \_\_\_\_\_ of \_\_\_\_\_ Bank Branch

13 The Summary of my professional experience is outlined in section 14 and covered in \_\_\_\_\_ pages.

(The Page for this Section may be photocopied as much as needed by the applicant).

14 **Next of Kin**

Indicate next of kin to be contacted by the Board when need arise:

Name \_\_\_\_\_ address: \_\_\_\_\_ - Tel No. \_\_\_\_\_

E mail \_\_\_\_\_-Relationship \_\_\_\_\_

15. Past experience in the field as Graduate Furniture Architect trainee

Summary of practical experience (add additional photocopied sheets of the following page if you require more space)

Period (Month and Year): From _____ To _____	Name the project. Indicate the activity / work area, which you personally performed, and achievement.
Name and Address of the project employer:	
Name and Registration number of the Supervising Furniture Architect	

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**15 Declaration**

I hereby apply to be entered into the register of **Graduate Furniture Architect** and undertake to abide by all provisions of the Architects and Quantity Surveyors Registration Act, No. 4 of 2010 and any regulations and By-laws made there under including Code of Ethics.

I Certify that, to the best of my knowledge, the information contained herein is true and correct.

Signature of the Applicant

Date

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