AQRB F-33

ARCHITECTS AND QUANTITY SURVEYORS REGISTRATION BOARD



Pamba Road -TETEX House P. O. Box 72673, Dar Es Salaam

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E-mail: info@aqrb.go.tz Website: www.aqrb.go.tz

| Issuing Officer & date | Processing Officer & date | Form Number |
|------------------------|---------------------------|-------------|
| | | |

FOR OFFICIAL USE

| Dated | | | |
|-----------------|---------------|-------------------|---------|
| [By-law 4] | | | |
| PERSONAL IN | FORMATION | | |
| amily Name: | First Name: | Other | Names: |
| Place of Birth | Date of Birth | Other Particulars | |
| Country, | Year, | Natio | nality, |
| City, | Month, | Sex, I | Male / |
| | | Fema | le |
| District, | Day, | Marit | al |
| | | | S |
| | Address | | |
| Telephone No(s) | : Mobile | Fax | e-mai |

This application Form contains thirteen sections and each must be duly filled before the Board processes it.

4 Academic qualifications (Attach certified copies of Academic certificates, current signed c.v and two passport photos)

| Name of Institution and Place | Course of Study | Year of | Attenda | Qualifications |
|-------------------------------|-----------------|---------|---------|---------------------------|
| of Study | | From | nce | obtained |
| | | | To | (Degree/Diplo ma etc.) |
| | | | | ma etc.) |
| | | | | |
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| | | | | |
| | | | | |

- 5 Have attempted **The Board's Examination Y/N** and or an **Oral Interview Y/N**
- 6 **Referees**:(Referees must be Building Surveyors registered with the Board in Tanzania)

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

| 7 | Have you been registered with any other similar Board in the past? | Yes/No. |
|----|--|-------------|
| | If Yes, Which Board?, in which country?and when?(Attach Certified Professional Certificate). | |
| | Have you been de-registered there? Y/N if Yes When? | |
| 8 | Have you been de-registered with our Board in the past ? Yes/No. | |
| | If Yes, Why were you de-registered? | |
| 9. | Are you registered by Tanzania Institute of Quantity Surveyors? Yes/ If Yes what is your Registration No | No. |
| 10 | The prescribed fee for registration (application, registration, annual subscription as be paid at the time of application. | |

| | Registration fee | of TShs/US\$ | and in words, | |
|--------|---|--------------|--|-----------------------------|
| | Cheque no | of | Bank Branch | _is enclosed in cash / vide |
| 11 | | | ed by the Board when need arise: lress: Mob. No | |
| 12. | | | uilding Surveyors or Building Surveyors Trainee nce (to be continued in photocopied sheet of the followi | ng page in case of need |
| From | (Month and Year) and Address of the | To | Name the project. Indicate the activity / work area, which you personally performed, and achievement. | |
| Superv | and Registration novising ng Surveyor. | umber of the | | |
| From _ | (Month and Year): and Address of the | To | Name the project. Indicate the activity / work area, which you personally performed, and achievement. | |
| Superv | and registration nu vising ng Surveyor. | mber of the | | |
| From _ | (Month and Year): | To | Name the project. Indicate the activity / work area, which you personally performed, and achievement. | |
| Superv | and registration nu rising ng Surveyor | mber of the | | |
| | | | | |

| period (Month and Year): | Name the project. Indicate the activity / work | |
|--|--|-------------------------|
| FromTo | area, which you personally performed, and | |
| | achievement. | |
| Name and Address of employer: | | |
| Traine and Tradeos of employer. | | |
| | | |
| Name and registration number of the | | |
| Supervising | | |
| | | |
| Building Surveyor. | | |
| | | |
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| | T | |
| period (Month and Year): | Name the project. Indicate the activity / work | |
| FromTo | area, which you personally performed, and | |
| | achievement. | |
| Name and Address of employer: | | |
| | | |
| | | |
| Name and registration number of the | | |
| Supervising | | |
| Building Surveyor | | |
| | | |
| | | |
| | | |
| period (Month and Year): | Name the project. Indicate the activity / work | |
| FromTo | area, which you personally performed, and | |
| | achievement. | |
| Name and Address of employer: | delle velliene. | |
| Name and Address of employer. | | |
| | | |
| Name and registration number of the | | |
| | | |
| Supervising | | |
| Building Surveyor. | | |
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| | | |
| 12 Profession | | |
| Declaration | | |
| | Building Surveyors and undertake to abide by all p | |
| | f 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 Ameliaant | Doto | |
| Signature of the Applicant | Date: | |