

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 AN
ARCHITECTURAL TECHNOLOGIST FIRM (LOCAL)**

Dated _____

[By-law 4]

- 1 **FIRM's NAME** in full _____
- 2 **Current Postal Address:** _____
Telephone No(s): _____ Mobile _____ Fax _____ e-mail _____
- 3 **Physical Address:**(Location of Registered Office)
House No. _____ Block No. _____ Street Name: _____ Town/City: _____
- 4 **Certificate of Incorporation / Registration of Business** (Attach certified photocopies of certificates)
Name: _____ Number _____ Date _____
- 5 **Current Business License** (If any; attach certified copy)
Number: _____ Date and Place where issued: _____
- 6 **Name and Address of your Banker:** _____
- 7 **Field(s) of Specialization:**(if any). _____
- 8 **Ownership of Shares:**
Total No. _____. No. owned by Tanzanian citizen: _____ No. owned by foreigners _____
- 9 Name(s) of Registered Architectural Technologist(s) who is/are **Firm owner(s)**
Name & Registration No.) _____

This application Form contains fifteen sections and each must be filled before the Board processes it

10 Particulars of Principals / Partners / Shareholders / Directors and Permanent Staff:

Attach current signed cvs , Certified Photocopies of Academic and Professional Certificates and two passport photos.

NAME	NATIONALITY	POSITION	QUALIFICATION Academic and Professional	WORK EXPERIENCE	
				Field of Activity	No of yrs
(i)					
(ii)					
(iii)					
(iv)					
(v)					
(vi)					
(vii)					
(viii)					
(ix)					
(x)					
(xi)					
(xii)					
(xiii)					
(xiv)					
(xv)					
(xvi)					
(xvii)					
(xviii)					

11 Particulars of equipment / facilities owned or available: (e.g. computers and accessories, communications equipment, drawing office, or other instruments etc.)

Name of Equipment	Quantity	Ownership (produce evidence)	Remarks

12 Particulars of ALL major projects involved within the last 10 years

Name of project	Brief description of project	Client and his address	Duration (Years) From To		Project Value	Remarks (e.g. Complete d)

- **PLEASE; Be brief but precise and honest as we are building the information data base needed by everybody in the construction sector.**

In case this sheet cannot hold the information off all the projects you have done in the said period, use its photocopy (ies).

- 13 **Referees** :(Referees must be Architectural Technologists who are **owners** of legally recognized Architectural Technologist Firms registered in Tanzania)

Referee	Address (Postal, Mob. No & E-mail)	Association/Relationship with the applicant	Signature and Official Stamp of the Professional's Firm
(i). Name			
Signature			
(ii).Name			
Signature			
(iii).Name			
Signature			

- 14 The Prescribed Registration Fee (application, registration, annual subscription, certificate of registration and official rubber stamp 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 is enclosed.

15 **Declaration**

I hereby apply for registration as an Architectural Technologist Firm(Local) 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.

Name of the Applicant: _____

Signature: _____ Date: _____

Position in the Firm _____