AQRB F-57

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
AN ARCHITECTURAL DRAUGHTSMAN

Dated			
		[Made under By-law 4)]	
1	PERSONAL INFORMATION		

	Family Name(SURNAME):	First Name:		Other Names:	
	Place of Birth	Date of Birth		Other Particulars	
	Country,	Year,		Nationality,	
	City,	Month,		Sex, Male /	
				Female	
	District,	Day,		Marital	
				status	
2	Current Postal Address (Local Telephone No(s):				
3	Physical Address(Local): (Local	ation of Registered (Office)		
	House NoBlock No	Street Name:	T	own/City:	
1	Name and Contact Address of	the Academic Insti	itution that tra	ained you/ or person 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 Photocopies dully certified, current curriculum vitae and two passport photographs)

Name of Institution and	Course of Study	Year of	Attendance	Qualifications
Place of Study		From	To	obtained
				(Diploma/
				Certificate etc)

6 Have attempted Professional Development Courses Y/N

If Yes; on a different paper, state the details of the Courses, Workshops, Seminars attended.

Date		Place/Venue	Key subjects/Issues addressed	Remarks (By Board
From	То		during the	Official)
			Course/Workshop/Seminar	

7 **Personal References**: (Referees must be Architects registered with the Board in Tanzania)

Referees	Address(Postal & Physical)	Association/Relationship with the applicant
(i) Name		
Signature		
(ii) Name		
Signature		
(iii)Name		
Signature		

is enclosed in cash / vide Cheno of Bank Branch.	8	Have you been registered with any other similar l	Board in the past ? Yes/No.
Have you been de-registered with our Board in the past? If Yes, Why were you de-registered?		If Yes, Which Board?	, in which country?
If Yes, Why were you de-registered?		and when? Have you been de-registere	d there? Y/N if Yes When?
Are you registered by Architects Association of Tanzania? Yes/No. If Yes What is your Registration No	9	Have you been de-registered with our Board in th	ne past? Yes/No.
The prescribed Fee for Registration (registration, annual subscription and certificate of registration fees) shall paid at the time of application. Registration fee of TShs/US\$and in wois enclosed in cash / vide Cheof		If Yes, Why were you de-registered?	
paid at the time of application. Registration fee of TShs/US\$ and in wo is enclosed in cash / vide Che no of Bank Branch. 12 The Summary of my professional experience is outlined in Section 15 and covered Pages. (The Page for this Section may be photocopied as much as needed by the applicant). 13 Next of Kin Indicate next of kin to be contacted by the Board when need arise: Name	10.		
no	11	paid at the time of application. Registration fee of TShs/Us	S\$and in word
Pages. (The Page for this Section may be photocopied as much as needed by the applicant). Next of Kin Indicate next of kin to be contacted by the Board when need arise: Name		noof	Bank Branch.
(The Page for this Section may be photocopied as much as needed by the applicant). Next of Kin Indicate next of kin to be contacted by the Board when need arise: Name	12		ence is outlined in Section 15 and covered
Indicate next of kin to be contacted by the Board when need arise: Name			auch as needed by the applicant).
Past experience in the field as Architectural Draughtsman Summary of work experience (to be continued in photocopied sheet of the following page in case of need) Period (Month and Year): 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	13	Indicate next of kin to be contacted by the Board wh	
photocopied sheet of the following page in case of need) Period (Month and Year): FromTo			
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FromTo area, which you personally performed, and achievement. Name and Address of the project employer: Name and Registration number of the Supervising	14	photocopied sheet of the following page in case of r	need)
Name and Registration number of the Supervising		FromTo	area, which you personally performed, and
Supervising		Name and Address of the project employer:	
		Supervising	

Period (Month and Year):	Name the project. Indicate the activity / work
FromTo	area, which you personally performed, and
	achievement.
Name and Address of the project employer:	
Name and registration number of the	
Supervising	
Architect.	
Period (Month and Year):	Name the project. Indicate the activity / work
FromTo	area, which you personally performed, and
10	achievement.
Name and Address of employer:	denie venient.
Name and registration number of the	
Supervising	
Architect.	
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Period (Month and Year):	Name the project. Indicate the activity / work
FromTo	
	area, which you personally performed, and
	achievement.
Name and Address of employer:	
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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	
Architect.	

Any other information that the applicant thinks is relevant and would like it conveyed may be put in writing on a separate paper and append to this application form during submission.

15 **Declaration**

I hereby apply to be included in the list of **Architectural Draughtsman** 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: