AQRB F-44

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 BUILDING SURVEY FIRM `(FOREIGN CATEGORY)

Dated		
	[Made under By-law 4]	
1	Firm's Name in full	
2	Current Postal Address:	
	Telephone No(s):MobileFaxe-mail	
3	Physical Address : (Location of Registered Office)	
	House NoBlock NoStreet Name:Town/City:	
4	Certificate of Incorporation / Registration of Business/Certificate of Compliance (Attach certified photoco of certificates)	pies
	Name:Date	
5	Current Business License (If any; attach Photocopy) Number:Date and Place where issued:	
6	Name and Address of your Bankers:	
7	Field(s) of Specialization:(if any)	
8	Ownership of Shares:(Documentary evidence required); Attach Photocopies (certified) of Return field to Registrar of Companies Total No No. owned by Tanzanian citizen: No. owned foreigners	
9	To fill in the capacity building form.	
10	Name(s) of Registered Quantity Surveyor(s)/ Architect(s) who is/are Firm owner(s) Name & registration No.)	

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

GN. No. 377

Particulars of Principals / Partners / Shareholders / Directors and Permanent Staff: Attach current Cvs and certified Photocopies of Academic and Professional Certificates and residence/ work permits

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

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
			_

13 Particulars of <u>ALL</u> major projects involved within the last 10 years

Name of project	Brief description of project	Client and his address	Duration (Years)		Project Value	Remarks (e.g.
	project	uddress	From		varue	Completed
			To			
			10)
				•		

PLEASE;Be brief but precise and honest as we are building the information data bank 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).

Referees :(Referees must be Building Surveyors who are **owners** of legally recognized Building Surveying Firms in Tanzania

Name of the Principal	Name of firm and the Address	Association/Relationship
		with the applicant
(i)Name		
Signature		
(ii).Name		
Signature		

The Architects and Quantity Surveyors (Registration) Act GN. No. 377 (iii).Name Signature 15 The prescribed Fee for Registration (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. Declaration to be signed by Employer of the Applicant, Guarantor(s) Commissioner of Oaths: (i) My presence in Tanzania is under employment of -----(ii) I am required to be in Tanzania in connection with the proposed project known as ------______ (iii) I understand and accept the condition that should my application be approved, I shall be bound by the conditions that are stipulated in respect of my registration and which shall essentially be related to the following: (a) My professional activities shall be limited to the specific project for which my application is related (b) While I am in Tanzania, I shall not receive, process, or undertake any inquiry or project, either directly or as an agent for my firm, beyond those activities directly related to the specific project for which my application relates (c) I shall be bound by all provisions of the current Architects and Quantity Surveyors (Registration) Act No 4 of 2010 and subsequent related regulations to the Act. (iv) That I undertake to pay all statutory fees including annual subscription fee in respect on my practice while herein Tanzania. In case of default in respect of the payment of statutory fee my Guarantor shall be responsible to settle the full outstanding statutory fee to the Board. The name, signature and address of my Guarantor(s) is provided herein below; Guarantor(s) Name------of P.O BOX ------Tel:----- fax----- Email----- Email-----Located on Plot No------district------district------------Region------Declare to be guarantor of Mr/Mrs/Ms-----In respect of item (iv) herein above mentioned. Witnessed by Commissioner for Oaths; Name ------ Signature and stamp----- in respective of item (iv) herein above mentioned (v) I hereby certify to the best of my knowledge that the information contained herein are true and correct. Name of the Applicant:------ Signature:-----

Date-----

Position in the Firm-----