AQRB F-23

ARCHITECTS AND QUANTITY SURVEYORS REGISTRATION BOARD



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

Telephone -2110292 Fax;-2117535

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

Issuing Officer & date	Processing Officer & date	Form Number

FOR OFFICIAL USE

	CATION FOR REG ECT MANAGER (FO [By-law 4]	ISTRATION AS AN DREIGN, CATEGOR	Y)	Dated		
1	PERSONAL INFO	ORMATION				
Family	Name:	First Name:		Other Names:		
Place of	f Birth	Date of Birth		Other Particulars		
Country	у,	Year,		Nationality,		
City,		Month,		Sex, Male /		
District.		Day,		Female Marital		
				status		
2	Current Postal Ad	dress (Local)				
	Telephone No(s):	Mobile	Fax _	e-mail		
3	•	Local) :(Location of R	C	*		
	House NoB	ock NoStreet N	Name:	Town/City:		
4	Postal Address in	your Home Country: _				
	Telephone No(s):	Mobile	Fax	e-mail		
5	Physical Address f	rom your Home Coun	ntry :(Loca	tion of Registered C	office if any)	
	House NoB	ock NoStreet Na	ame:	Town/City:		
6	Certification from We certify the infor	your Embassy mation given above as	true.			
Name a	and Signature of the	Officer:			_date:	Official stamp

This <u>application</u> Form contains sixteen sections and each must be duly filled in before it is processed by the Board

7.	Academic qualifications (Attach duly Certified Photocopies of Academic certificates, current cv and two passport
	photographs)

Name of Institution and Place	Course of Study	Year	Attendance	Qualifications
of Study		of	То	obtained
		From		(Degree/Diplo
				ma etc.)

8 Have attempted The Board's Examination Ye/No and or an Oral Interview

Ye/No

Referees: (Referees must be Construction Manager registered with the Board in Tanzania) 9

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

	Have you been registered with any other similar Board in the past ? If Yes, Which Board?, in which country?
	and when?,(Attach Certified Professional Certificate).
	Have you been de-registered there? Y/N if Yes When?(Have you been de-registered with our Board in the past? Yes/No.
]	If Yes, Why were you de-registered?

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The prescribed Fee for Registration at the time of application.	(registration, annual subscription and certific	cate of registration fees) shall be paid
	and in words,	
	of photocopied as much as needed by the applic	
(The Fage for any section may see	shotocopied as mach as needed by the applie	unt).
Next of Kin		
Indicate next of kin to be contacted Name address:	by the Board when need arise: Mob. No	
E mailRelat	ionship	-
	ect Manager and the person(s) who was (were	
of professional experience imparted t need)	to the locals (to be continued in photocopied	sheet of the following page in case of
period (Month and Year):	Name the project. Indicate the activity	/ work
FromTo	area, which you personally performed,	
N	achievement.	
Name and Address of the project employer:		
Name and Registration number of the		
Supervising Project Manager		
1 toject Manager		
period (Month and Year):	Name the project. Indicate the activity	
FromTo	area, which you personally performed,	and
Name and Address of the project employer:	achievement.	
Traine and reduces of the project emproyers		
Name and registration number of the		
Supervising		
Project Manager		
period (Month and Year): FromTo	Name the project. Indicate the activity area, which you personally performed,	
	achievement.	
Name and Address of employer:		
Name and registration number of the		
Supervising		
Project Manager		

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period (Month and Year): FromTo Name and Address of employer:	Name the project. Indicate the activity / work area, which you personally performed, and achievement.	
Name and registration number of the Supervising		
Project Manager		
period (Month and Year): FromTo Name and Address of employer:	Name the project. Indicate the activity / work area, which you personally performed, and achievement.	
Table and Teachess of Employers		
Name and registration number of the Supervising Project Manager		
period (Month and Year): FromTo Name and Address of employer:	Name the project. Indicate the activity / work area, which you personally performed, and achievement.	
Name and registration number of the Supervising Project Manager		
16 Declaration to be signed by Employe (i) My presence in Tanzania is under employmen connection with the proposed project known as		r of Oaths: required to be in Tanzania in
(iii) I understand and accept the condition that sh stipulated in respect of my registration and which		d by the conditions that are
(a) My professional activities shall be limited to t	the specific project for which my application is re-	lated
(b) While I am in Tanzania, I shall not receive, pr firm, beyond those activities directly related to th		

(c) I shall be bound by all provisions of the current Architects and Quantity Surveyors (Registration) Act No 4 of 2010, By-laws and subsequent related regulations to the Act

The Architects and Quantity Surveyors (Registration) Act

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(iv) That I undertake to pay all statutory fees including annual subscription fee in respect on my property in case of default in respect of the payment of statutory fee my Guarantor shall be responsible to 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: Mob.No Fax Email	
Located on Plot No	-district
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	