## ARCHITECTS AND QUANTITY SURVEYORS REGISTRATION BOARD



Pamba Road -TETEX House

Telephone -2110292

P. O. Box 72673, Dar Es Salaam.

Fax;-2117535

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

Issuing Officer & date	Processing Officer & date	Form Number		

## FOR OFFICIAL USE

	[Mad	e under By-law 4]
1 Personal Informati	ion (Attach current CV and to	wo current passport photographs)
Family Name	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 Ad	dress	
		Faxe-mail:_
•	Location of Registered Office	
House NoBI	ock NoStreet Na	Town/City:
4. Name and Contact Add	ress of the Academic Institu	ition that trained you: Name
4. Name and Contact Add	ress of the Academic Histiti	ition that trained you. Name

This application Form contains fifteen sections and each must dully be filled in before it is processed by the Board.

**5. Academic qualifications** (Attach certified Photocopies, current cv and two passport photographs)

Name of Institution and	Cause of Study	Year of	Attendance	Qualifications
Place of Study		From	To	obtained
				(Degree/Diploma
				etc.)

- 8 Have attempted **The Board's Examination Y/N** and or an **Oral Interview Y/N**
- 9 **Personal References**: (Referees must be Conservation Architect 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		

8	Have you been registered with any other similar Board in the past?			Yes/No.		
	If Yes, Which Board?, in which country?					
	and when? Have you been de-registered there? why?	Y/N	if Yes	When?	and	
10	Have you been <b>de-registered with our Board in the past</b> ? Yes/No.					
	If Yes, <b>Why</b> were you de-registered?					
11.	Are you registered by Architects Association of Tanzania? Yes/No.  If Yes give your Registration No					

12	The prescribed registration Fee (registration, annual subscription and certificate of registration fees) shall be paid at the time of application.									
	Registration	fee	of	TShs/US\$		and	in	words,		
					is	enclosed	in cash / vi	de Cheque		
	no	of		Bank Branch						
13	-	of my professi	-	nce is outlined in section 14 a	and covered in					
	(The Page for t	this Section ma	ay be photoc	opied as much as needed by the	he applicant).					
14	Next of Kin	Next of Kin								
			-	e Board when need arise: ss:Tel N	No	_				
	E mail		Re	elationship						
15. Summa	_			on Architect trainee notocopied sheets of the follow	wing page if you i	equire mo	ore space)			
Perio	d (Month and Yea	ır):		Name the project. Indicate th	ne activity / work					
From		To		area, which you personally peachievement.	erformed, and					
Name	and Address of the	he project emp		acmevement.						
	and Registration vising	number of the	;							
_	ervation Architect	:								
	d (Month and Yea			Name the project. Indicate th		$\neg$				
From		То		area, which you personally pe achievement.	erformed, and					
Name	and Address of the	he project emp	oloyer:							
Name	and registration i	number of the				7				
	vising									
•	ervation Architec	t								

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

5 11 5	aduate Conservation Architect and undertake to abide by all provisions of a Act, No. 4 of 2010 and any regulations and By-laws made there under ormation contained herein is true and correct.
Signature of the Applicant	Date :

The Architects and Quantity Surveyors (Registration) Act GN. No. 377