AQRB F-54

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

	OUATE CONSTRUCT				
		[Made un	der By-law 4]		
1	Personal Informati	ion (Attach current CV and two	o current passpor	rt photographs)	
Family Name		First Name:	Other Nan	Other Names:	
Place	of Birth	Date of Birth	Other Part	iculars	
Count	ry,	Year,	Nationality	Nationality,	
City,		Month,	Sex, Male	/	
			Female		
Distric	et,	Day,	Marital		
· 			status		
2	Current Postal Ad	dress			
		Mobile			
2	Diserted Address (
3	•	Location of Registered Office)		T. (C')	
	House NoBI	ock NoStreet Name:		_10wn/City:	
4	Name and Contact	Address of the Academic Ins	stitution that tra	ained 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 certified Photocopies)

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

- 6 Have attempted **The Board's Examination Y/N** and or an **Oral Interview Y/N**
- 7 **Personal References**: (Referees must be Construction Manager registered with the Board in Tanzania)

Referees	Address (Postal, Mob No	Association/Relationship
	&	with the applicant
	e-mail)	
(i).Name		
Signature		
(ii).Name		
Signature		
(iii) Name		
(III) Name		
a.		
Signature		

8	Have you been registered with any other similar Board in the past ?	es/No			
	If Yes, Which Board?, in which country?	_			
	and when? Have you been de-registered there? Y/N why?	if —	Yes	When?	and
9	Have you been de-registered with our Board in the past ? Yes/No.				
	If Yes, Why were you de-registered?				
10.	Are you registered by Tanzania Institute of Quantity Surveyors? Yes/No. If Yes give your Registration No				

11	time of application	on.		-	nd certificate of re	gistration fees) shall be paid at the and in words.		
	Registration	icc	OI	15Π5/ Ο5ψ		is enclosed in cash / vide Cheque		
	no of			Bank Branch				
12	-	my professio	-	ence is outlined in section ges.	14 and covered in			
				copied as much as needed l	by the applicant).			
13	Next of Kin	Next of Kin Indicate next of kin to be contacted by the Board when need arise:						
			-	ddress:	Tel No			
				ationship				
14.	_		_	construction manager tra				
	Summary of prac	ctical experie	ence (add	additional photocopied she	ets of the followin	g page if you require more space)		
Perio	d (Month and Year):			Name the project. Indicar	•	rk		
From		_To		area, which you personall achievement.	y performed, and			
Name	e and Address of the	project emplo	oyer:	acmevement.				
Name	e and Registration nu	ımber of the						
Super	rvising							
Cons	truction Manager							
Perio	d (Month and Year):			Name the project. Indicat	te the activity / wo	rk		
				area, which you personall	-			
				achievement.				
Name	e and Address of the	project emplo	oyer:					
Nome	e and registration nu	mb on of the						
	rvising	inder of the						
_	truction Manager							
Perio	d (Month and Year):			Name the project. Indicat	te the activity / wo	rk		
From		_To		area, which you personall	y performed, and			
Name	e and Address of emp	ployer:		achievement.				
	•							
Name	e and registration nur	mber of the						
	rvising							
Cons	truction Manager				_			

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		
Construction Manager]
		-
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		
Construction Manager		
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		
Construction Manager		
		=
15 Declaration		
	of Construction Manager and undertake to abide by a	-
	b. 4 of 2010 and any regulations and By-laws made to	there under including Code of
Ethics.		
I Certify that, to the best of my knowledge, the	ne information contained herein is true and correct.	
Signature of the Applicant	Date	
Signature of the Applicant	Date	