AQRB F-50

ARCHITECTS AND QUANTITY SURVEYORS REGISTRATION BOARD



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Issuing Officer & date	Processing Officer & date	Form Number

FOR OFFICIAL USE

Family Name

APPLICATION FOR REGISTRATION AS A GRADUATE NAVAL ARCHITECT

Dated		

[Made under By-law 4]

Other Names:

1 Personal Information	(Attach current CV and two current	passport photographs)
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First Name:

Place of Birth	Date of Birth	Other Particulars
Country,	Year,	Nationality,
City,	Month,	Sex, Male /
		Female
District,	Day,	Marital
	·	status
		Faxe-mail:
3 Physical Address (Location of Registered Off	iice)
House NoB	lock NoStreet Na_	Town/City:
4. Name and Contact Add		titution that trained you: Name
l'elephone No(s):	Mobilel	Faxe-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 Photocopie	s. current cy 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 Naval 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	Yes/No.		
	If Yes, Which Board?, in which country?				
	and when? Have you been de-registered there? Y	Y/N	if Yes	When?	and
10	Have you been de-registered with our Board in the past ? Yes/No.				
	If Yes, Why were you de-registered?				
11.	Are you registered by Architects Association of Tanzania? Yes/No. If Yes give your Registration No				

The Arc	chitects and Quantity S	urveyors (R	egistration) Act				
GN. No	. 377						
12	The prescribed registration time of application.	Fee (registra	tion, annual subscrip	otion and certificate of reg	gistration fe	es) shall be	paid at the
	Registration fee	of	TShs/US\$			in	words,
					_is enclosed	d in cash / v	ide Cheque
	no of		Bank Brar	nch			
13	The Summary of my profe			ection 14 and covered in			
	(The Page for this Section	may be photo	copied as much as n	eeded by the applicant).			
14	Next of Kin						
	Indicate next of kin to be c	-					
	E mail	F	Relationship				
15. Summary	Past experience in the field y of practical experience (ad			f the following page if yo	ou require m	nore space)	
Period	(Month and Year):		Name the project.	Indicate the activity / wo	rk		
	To			rsonally performed, and			
Name a	and Address of the project en	mployer:					
	and Registration number of	he					
Superv	ising Architect						
INAVAI A	Arcintect						
	(Month and Year):To			Indicate the activity / wo rsonally performed, and			
Name a	and Address of the project en	mployer:					
	and registration number of the	ne					
Superv							
Naval	Architect						

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	
Naval 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:	
1 7	
Name and registration number of the	
Supervising	
Naval Architect	
Navai Architect	
D 1 104 d 177	
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	
Naval 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:	
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Name and registration number of the	
Supervising	
Naval 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:	
Name and registration number of the	
Supervising	
Naval Architect	

15 Declaration				
I hereby apply to be entered into the register of Graduate Naval Ar	chitect s and undertake to abide by all provisions of the			
Architects and Quantity Surveyors Registration Act, No. 4 of 2010 a	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 :			

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