AQRB F-52

# 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

# APPLICATION FOR REGISTRATION AS A GRADUATE QUANTITY SURVEYOR

Dated\_

#### [Made under By-law 4]

#### 1 **Personal Information** (Attach current CV and two current passport photographs)

Family	mily Name First Name: 		Other Names: Other Particulars		
Place o					
Country	у,	Year,		Nationalit	у,
City, Month,			Sex, Male / Female		
District			Marital status		
2	Current Postal Add	lress			
		Mobile			
3	Physical Address (I	location of	Registered Office)		
	House NoBlock NoStreet Name:Town/City:			own/City:	
<b>4</b> Name	Name and Contact				·
Telepho	one No(s):	Mobile	eFa	axe	-mail

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

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

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

#### Have attempted The Board's Examination $\ Y\!/\!N$ and or an Oral Interview $\ Y\!/\!N$ 6

7 Personal References :	(Referees must be Quantity Surveyor	registered with the Board in Tanzania
Defenses		Association/Delationship

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

8	Have you be	Have you been registered with any other similar Board in the past?Ye				Yes	/No.					
	If Yes, Whic	h Board?			_, in w	nich country?						
				2		e			if	Yes	When?	and
9	Have you be	en <b>de-registere</b>	d with our Bo	oard in	the pas	t? Ye	es/No.					
	If Yes, Why	were you de-reg	gistered?									
10.	5 0	stered by Tanza our Registratior		· ·	2	2	Yes/No					
11	The prescribe time of appli	ed registration F cation.	ee (registratio	on, annu	ial subs	cription and cer	rtificate of r	egistratior	n fees	s) shall	be paid a	it the
	Registration		of	TSh	ns/US\$				osed i	in in cash	w / vide Cl	vords, heque
	no	_ of			_Bank E	Franch						

12 The Summary of my professional experience is outlined in section 14 and covered in \_\_\_\_\_\_pages.

(The Page for this Section may be photocopied as much as needed by the applicant).

### 13 Next of Kin

Indicate next of kin to be contacted by the Board when need arise: Name\_\_\_\_\_ address: \_\_\_\_\_ Tel No.\_\_\_\_\_

E mail \_\_\_\_\_\_-Relationship \_\_\_\_\_\_

14. Past experience in the field as a graduate quantity surveyor traineeSummary of practical experience (add additional photocopied sheets of the following page if you require more space)

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	
Quantity Surveyor	

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:	
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Quantity Surveyor	

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Name and registration number of the	
Supervising	
Quantity Surveyor	

## 15 Declaration

I hereby apply to be entered into the register of **graduate quantity surveyor** and undertake to abide by all provisions of the Architects and Quantity Surveyors (Registration) Act, No. 4 of 2010 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