AQRB F-14

ARCHITECTS AND QUANTITY SURVEYORS REGISTRATION BOARD



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Issuing Officer & date	Processing Officer & date	Form Number

FOR OFFICIAL USE

	ICATION FOR REGISTRATION AS AN AL ARCHITECTURAL FIRM (LOCAL) [By-law 4] Dated	
1	FIRM's NAME in full	
2	Current Postal Address:	
	Telephone No(s):MobileFaxe-mail	
3	Physical Address:(Location of Registered Office)	
	House NoBlock NoStreet Name:Town/City:	
4	Certificate of Incorporation / Registration of Business (Attach certified photocopies of certificate Name:	ficates
5	Current Business License (If any; attach certified copy)	
	Number:Date and Place where issued:	
5	Name and Address of your Banker:	
7	Field(s) of Specialization:(if any)	
3	Ownership of Shares: Total No No. owned by Tanzanian citizen: No. owned by foreigners	
9	Name(s) of Registered Naval Architect(s) who is/are Firm owner(s) Name & Registration No.)	

This application Form contains fifteen sections and each must be filled before the Board processes it

Particulars of Principals / Partners / Shareholders / Directors and Permanent Staff:
Attach current signed cvs , Certified Photocopies of Academic and Professional Certificates and two passport photos.

NAME	NATIONALITY	POSITION	QUALIFICATION	WORK EXPERIENCE	
			Academic and	Field of	No of yrs
			Professional	Activity	
(i)					
(ii)					
(iii)					
(iv)					
(v)					
(vi)					
(vii)					
(viii)					
(ix)					
(x)					
(xi)					
(xii)					
(xiii)					
(xiv)					
(xv)					
(xvi)					
(xvii)					
(xviii)					

Particulars of equipment / facilities owned or available: (e.g. computers and accessories, communications equipment, drawing office, or other instruments etc.)

Name of Equipment	Quantity	Ownership (produce evidence)	Remarks

12 Particulars of ALL major projects involved within the last 10 years

Name of	Brief description of	Client and his	Duration	Project	Remarks
project	project	address	(Years)	Value	(e.g.
			From To		Complete
					d)
					u)
			 		
			 		
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The Ar GN. No		d Quantity Surveyo	rs (Registration) Act	•	_
GIV. IV	0. 3//				
PLEAS	E; Be brief	but precise and honest	as we are building the	information data base nee	ded by everybody in the
	ction sector.				
In case t	this sheet can	not hold the information	off all the projects you	have done in the said period,	use its photocopy (ies).
13	Referees :(Referees must be Nava	l Architects who are ow	vners of legally recognized N	Naval Architectural Firms
	ed in Tanzania				
		T			7
R	eferee	Address (Postal,	Association/Relati	Signature and Official	
		Mob. No & E-mail)	onship with the applicant	Stamp of the Professional's Firm	
(i). Nam	ne	& E-man)	with the applicant	Troicssional STITIII	_
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Signatur	re	-			
(ii).Nan	ne				_
Signatur	re	-			
8					
(iii).Nar	ne				_
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Signatur	re	-			
8					
					_
14	The Prescri	bed Registration Fee (ap	oplication, registration, a	nnual subscription, certificat	te of registration and official
			the time of application		
					enclosed in cash / vide Cheque
	no	of	Bank Bra	anch is enclosed.	
15	Declaration	n			
					abide by all provisions of the
		and Quantity Surveyors ading Code of Ethics.	(Registration) Act, No. 4	4 of 2010 and any regulation	s and By-laws made there
	unuel, melu	iding Code of Ethics.			
	I certify tha	t, to the best of my know	wledge, the information	contained herein is true and	correct.

Name of the Applicant: ______ Signature: _____

Date: _____