AQRB F-39

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 PROJECT MANAGEMENT FIRM (LOCAL)

[Made under By-law 4]

Current Postal Address:	
Telephone No(s):MobileFaxe-mail	
Physical Address:(Location of Registered Office)	
House NoBlock NoStreet Name:Town/City:	
Certificate of Incorporation / Registration of Business (Attach certified photocopies of certificates)	
Name:Date	
Current Business License (If any; attach certified copy)	
Number:Date and Place where issued:	
Name and Address of your Banker:	
Field(s) of Specialization:(if any)	
Ownership of Shares:	
Total No No. owned by Tanzanian citizen: No. owned	by
foreigners	
Name(s) of Registered Construction Manager(s) who is/are Firm owner(s)	
Name & Registration No.)	

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

10 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 EXPERIENC	
			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		Complete	
			To		d)	

•	PLEASE; Be brief but precise and honest as we are building the information data base needed by everybody in the
	construction sector.

In case this sheet cannot hold the information off all the projects you have done in the said period, use its photocopy (ies).

Referees :(Referees must be **Project Manager** who are **owners** of legally recognized Project Management Firms registered in Tanzania)

Referee	Address (Postal, Mob. No & E-mail)	Association/Relatio nship with the applicant	Signature and Official Stamp of the Professional's Firm
(i). Name			
Signature			
(ii).Name			
Signature			
(iii).Name			
Signature			

` /									
Signati	ıre								
14		-		ation, registration, a	nnual subscrip	otion, certifica	te of re	gistration a	and official
	Registration	fee	of	TShs/US\$		aı	nd	in	words,
	is enclose	ed in cash / vi	ide Cheque	no of			_Bank	Branch is e	nclosed.
15	Declaration I hereby apply for registration as a Project Management Firm (Local) 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.								
	Name of the App	olicant:			Signature:				
	Date:								
	Position in the F	irm							