

ARCHITECTS AND QUANTITY SURVEYORS REGISTRATION BOARD



Pamba Road -TETEX House  
Telephone -2110292  
P. O. Box 72673, Dar Es Salaam.  
Fax;-2117535  
E-mail: info@aqrb.go.tz  
Website: [www.aqrb.go.tz](http://www.aqrb.go.tz)

Issuing Officer & date	Processing Officer & date	Form Number

FOR OFFICIAL USE

**APPLICATION FOR REGISTRATION AS AN  
LANDSCAPE ARCHITECT (FOREIGN, CATEGORY)**

Dated \_\_\_\_\_

[By-law 4]

**1 PERSONAL INFORMATION**

Family Name: _____	First Name: _____	Other Names: _____
Place of Birth _____	Date of Birth _____	Other Particulars _____
Country, _____	Year, _____	Nationality, _____
City, _____	Month, _____	Sex, Male / _____
District, _____	Day, _____	Female _____
_____	_____	Marital _____
_____	_____	status _____

2 **Current Postal Address (Local)** \_\_\_\_\_  
Telephone No(s): \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

3 **Physical Address (Local)** :( Location of Registered Office)  
House No. \_\_\_\_\_ Block No \_\_\_\_\_ Street Name: \_\_\_\_\_ Town/City: \_\_\_\_\_

4 **Postal Address in your Home Country:** \_\_\_\_\_  
Telephone No(s): \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

5 **Physical Address from your Home Country** :( Location of Registered Office if any)  
House No. \_\_\_\_\_ Block No \_\_\_\_\_ Street Name: \_\_\_\_\_ Town/City: \_\_\_\_\_

6 **Certification from your Embassy**  
We certify the information given above as true.

**Name and Signature of the Officer:** \_\_\_\_\_ date: \_\_\_\_\_  
Official stamp

**This application Form contains sixteen sections and each must be duly filled in before it is processed by the Board**

7. **Academic qualifications** (Attach duly Certified Photocopies of Academic certificates, current cv and two passport photographs)

Name of Institution and Place of Study	Course of Study	Year of From	Attendance To	Qualifications obtained (Degree/Diploma etc.)

8 Have attempted **The Board's Examination** Y/N and or an **Oral Interview** Y/N

9 **Referees** :( Referees must be Landscape Architect registered with the Board in Tanzania)

Name of the Principal	Name of firm and the Address	Association/Relationship with the applicant
(i)Name		
Signature		
(ii).Name		
Signature		
(iii).Name		
Signature		

10 Have you been **registered with any other similar Board in the past?** Yes/No.  
 If Yes, Which Board? \_\_\_\_\_, in which country? \_\_\_\_\_  
 and when? \_\_\_\_\_.( Attach Certified Professional Certificate).

11 Have you been **de-registered with our Board in the past?** Yes/No.  
 Have you been de-registered there? Y/N if Yes When? \_\_\_\_\_(  
 If Yes, **Why** were you de-registered? \_\_\_\_\_  
 \_\_\_\_\_

12. Are you registered by Architects Association of Tanzania? Yes/No.  
 If Yes give your Registration No \_\_\_\_\_

13 The prescribed Fee for Registration (registration, annual subscription and certificate of registration fees) **shall be paid at the time of application.**  
 Registration fee of TShs/US\$ \_\_\_\_\_and in words, \_\_\_\_\_is enclosed in cash / vide  
 Cheque no. \_\_\_\_\_ of \_\_\_\_\_ Bank Branch

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

14 **Next of Kin**

Indicate next of kin to be contacted by the Board when need arise:

Name \_\_\_\_\_ address: \_\_\_\_\_ Mob. No. \_\_\_\_\_

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

15. Past experience in the field as a Landscape Architect and the person(s) who was (were) working under me Summary of professional experience imparted to the locals (to be continued in photocopied sheet of the following page in case of need)

period (Month and Year): From _____ To _____ _____	Name the project. Indicate the activity / work area, which you personally performed, and achievement.
Name and Address of the project employer:	
Name and Registration number of the Supervising Landscape Architect	

period (Month and Year): From _____ To _____ _____	Name the project. Indicate the activity / work area, which you personally performed, and achievement.
Name and Address of the project employer:	
Name and registration number of the Supervising Landscape Architect	

period (Month and Year): From _____ To _____ _____	Name the project. Indicate the activity / work area, which you personally performed, and achievement.
Name and Address of employer:	
Name and registration number of the Supervising Landscape Architect	

period (Month and Year): From _____ To _____	Name the project. Indicate the activity / work area, which you personally performed, and achievement.
Name and Address of employer:	
Name and registration number of the Supervising Landscape Architect ..	

period (Month and Year): From _____ To _____	Name the project. Indicate the activity / work area, which you personally performed, and achievement.
Name and Address of employer:	
Name and registration number of the Supervising Landscape Architect ..	

period (Month and Year): From _____ To _____	Name the project. Indicate the activity / work area, which you personally performed, and achievement.
Name and Address of employer:	
Name and registration number of the Supervising Landscape Architect	

**16 Declaration to be signed by Employer of the Applicant, Guarantor(s) Commissioner of Oaths:**

(i) My presence in Tanzania is under employment of

(ii) I am required to be in Tanzania in connection with the proposed project known as

(iii) I understand and accept the condition that should my application be approved, I shall be bound by the conditions that are stipulated in respect of my registration and which shall essentially be related to the following:

(a) My professional activities shall be limited to the specific project for which my application is related

(b) While I am in Tanzania, I shall not receive, process, or undertake any inquiry or project, either directly or as an agent for my firm, beyond those activities directly related to the specific project for which my application relates

(c) I shall be bound by all provisions of the current Architects and Quantity Surveyors (Registration) Act No 4 of 2010, By-laws and subsequent related regulations to the Act

- (iv) That I undertake to pay all statutory fees including annual subscription fee in respect on my practice while herein Tanzania. In case of default in respect of the payment of statutory fee my Guarantor shall be responsible to settle the full outstanding statutory fee to the Board. The name, signature and address of my Guarantor(s) is provided herein below;

Guarantor(s) name-----  
of P.O Box -----

Tel:----- Mob.No.----- Fax-----  
Email-----

Located on Plot No-----Block----- Street-----district-----  
-----Region-----

Declare to be guarantor of Mr/Mrs/Ms-----

In respect of item (iv) herein above mentioned.

Witnessed by Commissioner for Oaths; Name -----  
Signature and stamp-----  
in respective of item (iv) herein above mentioned

- (v) I hereby certify to the best of my knowledge that the information contained herein are true and correct.

Name of the Applicant:----- Signature:----- Date-----

Position in the Firm-----