

ARCHITECTS AND QUANTITY SURVEYORS REGISTRATION BOARD



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Issuing Officer & date	Processing Officer & date	Form Number

[By-law 4]
FOR OFFICIAL USE

**APPLICATION FOR REGISTRATION AS AN
ARCHITECTURAL TECHNOLOGIST FIRM` (FOREIGN CATEGORY)**

Date Received _____
Dated _____

- 1 **Firm's Name** in full _____
- 2 **Current Postal Address:** _____
Telephone No(s): _____ Mobile _____ Fax _____ e-mail _____
- 3 **Physical Address** :(Location of Registered Office)
House No. _____ Block No. _____ Street Name: _____ Town/City: _____
- 4 **Certificate of Incorporation / Registration of Business/Certificate of Compliance** (Attach certified photocopies of certificates)
Name: _____ Number _____ Date _____
- 5 **Current Business License** (If any; attach Photocopy)
Number: _____ Date and Place where issued: _____
- 6 **Name and Address of your Bankers:** _____
- 7 **Field(s) of Specialization:**(if any). _____
- 8 **Ownership of Shares:**(Documentary evidence required); Attach Photocopies (certified) of Return filed to the Registrar of Companies
Total No. _____. No. owned by Tanzanian citizen: _____ No. owned by foreigners _____
- 9 To fill in the **capacity building form**.
- 10 Name(s) of Registered Architectural Technologist(s) who is/are **Firm owner(s)**
Name & registration No.) _____

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

11 Particulars of Principals / Partners / Shareholders / Directors and Permanent Staff:

Attach current Cvs and certified Photocopies of Academic and Professional Certificates and residence/ work permits

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

12 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

PLEASE; Be brief but precise and honest as we are building the information data bank needed by every body in the construction sector.

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

14 **Referees** :(Referees must be **Architectural Technologists** who are **owners** of legally recognized Architectural Technologist Firms 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		

15 **The prescribed Fee** for Registration (registration, annual subscription, certificate of registration and official rubber stamp 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 is enclosed.

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 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----- 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-----