

ARCHITECTS AND QUANTITY SURVEYORS REGISTRATION BOARD



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Issuing Officer & date	Processing Officer & date	Form Number

FOR OFFICIAL USE

**APPLICATION FOR REGISTRATION AS A
GRADUATE ARCHITECTURAL TECHNOLOGIST**

Dated _____

[Made under By-law 4]

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

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

2 Current Postal Address _____
Telephone No(s): _____ Mobile _____ Fax _____ e-mail: _____

3 Physical Address (Location of Registered Office)
House No. _____ Block No _____ Street Na _____ Town/City: _____

4 Name and Contact Address of the Academic Institution that trained you: Name _____
Box No. _____

Telephone No(s): _____ Mobile _____ Fax _____ e-mail _____

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

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

Name of Institution and Place of Study	Cause 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 Personal References :(Referees must be Architectural Technologist registered with the Board in Tanzania)

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

8 Have you been **registered with any other similar Board in the past?** Yes/No.

If Yes, Which Board? _____, in which country?_____

and when? _____. Have you been de-registered there? Y/N if Yes When? and why?_____

10 Have you been **de-registered with our Board in the past?** Yes/No.

If Yes, **Why** were you de-registered?_____

11. Are you registered by Architects Association of Tanzania? Yes/No.

If Yes give your Registration No _____

12 The prescribed registration Fee (registration, annual subscription and certificate of registration fees) shall be paid at the time of application.

The Architects and Quantity Surveyors (Registration) Act

GN. No. 377

Registration fee of TShs/US\$ _____ and _____ in words,
 _____ is enclosed in cash / vide Cheque
 no. _____ of _____ Bank Branch

13 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).

14 **Next of Kin**

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

Name _____ address: _____ - Tel No. _____

E mail _____ -Relationship _____

15. Past experience in the field as Architectural Technologist trainee
 Summary of practical experience (add additional photocopied sheets of the following page if you require more space)

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 Architectural Technologist	

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Name and registration number of the Supervising Architectural Technologist	

15 Declaration

I hereby apply to be entered into the register of **Graduate Architectural Technologist** 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
