

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 ARCHITECT**

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 Name: \_\_\_\_\_ 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. Academic qualifications** (Attach certified Photocopies)

*The Architects and Quantity Surveyors (Registration) Act*

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

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

7 **Personal References** :( Referees must be Architects 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? \_\_\_\_\_

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

If Yes, **Why** were you de-registered? \_\_\_\_\_

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

If Yes give your Registration No \_\_\_\_\_

11 The prescribed registration Fee (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

12 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).

13 **Next of Kin**

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

Name \_\_\_\_\_ address: \_\_\_\_\_ Tel No. \_\_\_\_\_

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

14. Past experience in the field as **graduate architects 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 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 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 Architect	

Period (Month and Year): From _____ To _____	Name the project. Indicate the activity / work area, which you personally performed, and achievement.
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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 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 Architect	

15 **Declaration**

I hereby apply to be entered into the register of **graduate architect** 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

\_\_\_\_\_

: \_\_\_\_\_