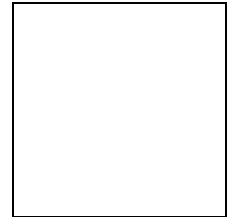


REVOLUTIONARY GOVERNMENT OF ZANZIBAR
ARCHITECTS, ENGINEERS & QUANTITY SURVEYORS REGISTRATION BOARD

AEQS Registration Boards
P.O. Box 2042, Zanzibar
E-mail: aeqsrbs@hotmail.com
Website: www.aeqsrbs.go.tz

Telephone: +255-776-862425



FOR OFFICIAL USE

Application No.....
Date received:
Application fee receipt no
Documents attached:
To be processed on:
Remarks

CONSULTANT

APPLICATION FOR REGISTRATION

(Under The Architects, Engineers & Quantity Surveyors Registration Act, 2008)

1. PERSONAL INFORMATION (Use capital letters only) (Names should be entered as they appear in the certificates)

(a) Full Name: _____
(BLOCK LETTERS) (Surname) (First) (Middle) (Title)

(b) Place and Date of Birth: _____
Town/City Country Date

(c) Age: _____ (d) Sex: Male /Female (e) Nationality: _____
(Tick the appropriate)

(f) Passport no.: _____ (g) Permanent residential Address _____

(g) Physical Address (for registration and correspondence): _____

FOR PROFESSIONAL FIRM

Registered Name of the Firm _____

Registration Certificate No _____ Date of Registration _____

Name of the local share holder(s) partner (s) _____

_____ AEQS Board Professional registration certificate No _____

Address (for registration and correspondence) _____

(h) Tel., Fax, Mobile, Email

(i) Home Address: (for professional firm) physical address _____

2. ACADEMIC QUALIFICATIONS

(Attach certified copies of certificates etc.; if not certified avail originals to the Board for verification)

(a) Discipline: _____

(b) University /Institution (Abbreviation)	Years of Attendance (From / To)	Qualification Attained	Date Obtained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. MEMBERSHIP OF PROFESSIONAL INSTITUTIONS OR REGISTRATION WITH SIMILAR BOARDS/ COUNCILS (Attach certified photocopies for active members only)

Please indicate address of Institutions/Associations

Board/Institution/Association etc	Class / Category Of Registration	Reg./Membership Number	Date Obtained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. SUMMARY OF POST-REGISTRATION PRACTICE

(Attach a copy of your detailed curriculum vitae outlining your achievements in the practice)

Period From:.....To:.....	Employer	Description of work showing your position, field of specialization and major contributions/achievements

(b) Field(s) of Specialization: _____

5. RECOMMENDATION (To be filled and signed by registered professional/consultant)

We the undersigned do consider the applicant a proper and fit person to be registered as a registered consulting professional.

Name	Address	Association with applicant	Signature and Stamp
1			
2			

6. APPLICATION FEE

My application fee in the amount of T.sh/US\$ _____ is enclosed.

7. DECLARATION

I hereby apply for registration as a consultant and undertake to abide by all provisions of the Architects, Engineers and Quantity Surveyor's Registration Act, 2008 (Act no. 5 of 2008) and any regulations and by-laws made thereunder including Code of Ethics. I certify that, to the best of my knowledge, the information contained herein is true and correct.

Date: _____ Signature of Applicant: _____

(for professional firm) Designation _____

NOTES:

1. Please type or print neatly.
2. Applicants must make sure all parts of this form are fully completed. Incomplete applications will not be accepted by the Board.
3. Completed application forms together with full application fees should be sent to the Registrar, Architects, Engineers and Quantity Surveyor Registration Board at the address shown on the top of page 1 of the application form.