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

AEQS Registration Board P.O.BOX 2042, Zanzibar Email:aeqsrb@hotmail.com Website: www.aeqsrb.go.tz



Telephor	ne +255 -776-862425

FOR OFFICIAL USE

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

PROFESSIONAL ARCHITECT, ENGINEER AND QUANTITY SURVEYOR APPLICATION FOR RENEWAL TEMPORARY REGISTRATION

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

1.	PERSONAL INFORMATION (Use capital letters only)	(Name should be entered as they appear in the certificate)	į
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SURNAME:	First Name:			Other Names:			
District/City and Country of Birth					Nation	nality:	
	Date	of Birth (Date	e / Month /	Year)	- 10000		
			T	T ,	PR.No).	
	Date	Month	Year	Sex			
Postal Address:	II.	l .	Name and	Address of	Employer		
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Physical Address				• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
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Tel: Fax			Tel			Fax	
Mobile phone			Email				
Email			Website (i	f any)			
			Website (1	: urry)			
2 ACADEMIC QUALIFICATION							
2. ACADEMIC QUALIFICATION (Attach certified copies of certificate etc; if a		111- 11- 4		c	·: \		
(Attach certified copies of certificate etc; if		avan ongmas i	o the board	ior vennca	11011)		0.10
Name of Hairmanita / Institution	/	C			V	Attendance	Qualification Attained
Name of University / Institution	'	Course of Study		7		Attendance	Attained
(Abbreviation)				Fro	m	То	

3. DISCIPLINE

(Architect/ Engineer/ Quantity Surveyor etc)

4. MEMBER OF ARCHITECTS, ENGINEERS AND QUANTITY SURVERS PROFESSIONAL INSTITUTIONS ASSOCIATIONS / REGISTRATION WITH OTHER BOARDS / COUNCIL

(Attach certified photocopies for active members only)

Name Institutional /Association/Board/Council	Country	Close Of Membership Or Registration	Membership/Registration	Date

5. SUMMARY OF PROFESSIONAL EXPERIENCE

(Please provide your professional experience begin with most recent, with the same odder as in the table below)

Period (month and year):	Description of your work, including your personal responsibility/achievement
From To	
Name and address of employer:	
Your Position:	
Name of supervisor:	
Supervisor's stamp:	
Period (month and year):	Description of your work, including your personal responsibility/achievement
Period (month and year): From	Description of your work, including your personal responsibility/achievement
	Description of your work, including your personal responsibility/achievement
From To	Description of your work, including your personal responsibility/achievement
From	Description of your work, including your personal responsibility/achievement
From To Name and address of employer:	Description of your work, including your personal responsibility/achievement
From	Description of your work, including your personal responsibility/achievement
From	Description of your work, including your personal responsibility/achievement

Name	Address	Asso	ciation with applicant	:	Signature & Stamp	
1.						
2.						
CURRENT REGISTRATIONS / PR	EVIOUS APPLICATION	WITH T	THE BOARD			
gistration Status	Registration Category	egistration Category		er	Date	
urrent Registration						
revious Registration						
APPLICATION FEE	I	1				
My Application Fee T.Shs /US\$	Is enci	osea.				
LIST OF SUBMITTED DOCU						
nis application is accompanied by the follo	owing documents:	1				
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		5				
		6				
DECLARATION nereby apply for registration as a Profession of the P	ion Act, 2008 and any regula	tions and	by-laws made thereunder			

- 1. Please type or print neatly.
- 2. Applicants must make sure that all parts of this form are fully completed. Incomplete applications will not be accepted by the Board.
- 3. Completed application forms should be sent to the Registrar, Architects Engineers and Quantity Surveyors Registration at the address shown on the top of page 1 of the application form.
- 4. An application may be required to satisfy the AEQS Registration Board that his/her professional and general conduct has been such as to make him fit and proper person to be registered