



APPLICATION FORM

REGISTRATION As A CANDIDATE/PROFESSIONAL ARCHITECT

A: PARTICULARS OF APPLICANT

(Please tick the applicable block where applicable)

Surname:

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First names:

Title:

Mr.	Mrs.	Ms	Miss	Other:
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Date of Birth:

:	:	:
D	M	Y

ID Number:

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Passport Number:

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Nationality:

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Gender:

Male	Female
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Work Telephone No:

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Home Telephone No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cell Phone No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Facsimile No:

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Business e-mail Address:

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Personal e-mail Address:

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Residential address:

	Postal Code:	



Postal address:

	Postal Code:	

B: EMPLOYMENT DETAILS

PREVIOUS EMPLOYMENT:

Give full account of practical experience which you gained in the office of a registered Architectural Professional after completion of your studies, in chronological order from the oldest to the most current:

Name of Company:

Date of Employment:

Name of Principal:

Contact Details of Principal:

Type of Work Carried Out During Employment:

From:		To:	
Telephone Number:			
Cell phone Number:			
Facsimile Number:			
E-Mail Address:			

Name of Company:

Date of Employment:

Name of Principal:

Contact Details of Principal:

Type of Work Carried Out During Employment:

From:		To:	
Telephone Number:			
Cell phone Number:			
Facsimile Number:			
E-Mail Address:			



Name of Company:

Date of Employment:

Name of Principal:

Contact Details of Principal:

Type of Work Carried Out During Employment:

From:		To:	
Telephone Number:			
Cell phone Number:			
Facsimile Number:			
E-Mail Address:			

Should this space be inadequate, please supply further information on a loose sheet/s, inserted in this application form, in the same format as stipulated above.

CURRENT EMPLOYMENT:

Name of Company:

Date of Employment:

Name of Principal:

Principal's contact number:

Principal's e-mail address:

Discipline:

:	:	:	
D	M	Y	

Number of Principals in the Company:

Number of Employees in the Company:

C: PROFESSIONAL QUALIFICATIONS

ARCHITECTURAL QUALIFICATIONS:

	Qualifications obtained	Educational Institution	Years of Study	Enrolment date	Graduation Date
Examinations passed					

A certified copy of each certificate must be attached

OTHER (NON-ARCHITECTURAL) QUALIFICATIONS:

	Qualifications obtained	Educational Institution	Years of Study	Enrolment date	Graduation Date
Examinations passed					

A certified copy of each certificate must be attached

D: Application to register in terms of the Architects, Engineers, Surveyors and Allied Professionals Act, 2013 (Act No. 15 of 2013), as: (Please tick the applicable block)

CANDIDATE ARCHITECTURAL DRAUGHTSPERSON	☐	PROFESSIONAL ARCHITECTURAL DRAUGHTSPERSON	☐
CANDIDATE ARCHITECTURAL TECHNOLOGIST	☐	PROFESSIONAL ARCHITECTURAL TECHNOLOGIST	☐
CANDIDATE SENIOR ARCHITECTURAL TECHNOLOGIST	☐	PROFESSIONAL SENIOR ARCHITECTURAL TECHNOLOGIST	☐
CANDIDATE ARCHITECT	☐	PROFESSIONAL ARCHITECT	☐



E: MEMBERSHIP OF VOLUNTARY ASSOCIATION OR PROFESSIONAL BODY

(If more space is needed, please supply information separately.)

Name of Association / Institute / Society/Council	Membership grade and date accepted	Date of Application

F: My Application fee of E _____ (receipt) is enclosed herewith.

G: DECLARATION

I, _____ (full names)
hereby apply for **Registration with the Council** and undertake to abide by all the provisions of the **Registration of Architects, Engineers, Surveyors and Allied Professionals Act, 2013 (Act No. 15 of 2013)** and any **Rules** published there under, including the **Code of Professional Conduct**. I solemnly declare that, to the best of my knowledge, all the information contained herein is true.

Signature: _____

Sworn to/Affirmed before me at _____

on this the _____ day of _____ (month & year).

Commissioner of Oaths/Justice of Peace:
(Commissioner's stamp)

Office Use Only

Application fee: E _____

Received by: _____

Date: _____

(Council's stamp)