AESAP
REGISTRATION COUNCIL FOR ARCHITECTS, ENGINEERS, SURVEYORS & ALLIED PROFFESIONALS

APPLICATION FORM

REGISTRATION AS A CANDIDATE/PROFESSIONAL QUANTITY SURVEYOR

A: PARTICULARS OF APPLICANT

(Please tick the applicable block where applicable)

Surname:

First names:

Title:

Mr.	Mrs.	Ms	Miss	Other:

Date of Birth:

:	:	:
D	M	Y

ID Number:

Passport Number:

Nationality:

Gender:

Male	Female

Work Telephone No:

Home Telephone No:

Cell Phone No:

Facsimile No:

Business e-mail Address:

Personal e-mail Address:

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 Quantity Surveying Professional after completion of your studies, in chronological order from the oldest to the most current:

Name of Company:				
Date of Employment:	**From:**		**To:**	
Name of Principal:				
Contact Details of Principal:	**Telephone Number:**			
	Cell phone Number:			
	Facsimile Number:			
	E-Mail Address:			
Type of Work Carried Out During Employment:				

Name of Company:				
Date of Employment:	**From:**		**To:**	
Name of Principal:				
Contact Details of Principal:	**Telephone Number:**			
	Cell phone Number:			
	Facsimile Number:			
	E-Mail Address:			
Type of Work Carried Out During Employment:				

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Name of Company:				
Date of Employment:	**From:**		**To:**	
Name of Principal:				
Contact Details of Principal:	**Telephone Number:**			
	Cell phone Number:			
	Facsimile Number:			
	E-Mail Address:			
Type of Work Carried Out During Employment:				

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:	:	:	:
	D	**M**	**Y**
Name of Principal:			
Principal's contact number:			
Principal's e-mail address:			
Discipline:			

Number of Principals in the Company:	
Number of Employees in the Company:	

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C: PROFESSIONAL QUALIFICATIONS

QUANTITY SURVEYING 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-QUANTITY SURVEYING) 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 CONSTRUCTION QUANTITY SURVEYOR ☐ PROFESSIONAL CONSTRUCTION QUANTITY SURVEYOR ☐

CANDIDATE TECHNICIAN QUANTITY SURVEYOR ☐ PROFESSIONAL TECHNICIAN QUANTITY SURVEYOR ☐

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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 _____ (cheque/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)