**SECTION 27(1) ARCHITECTS, PROFESSIONAL ENGINEERS, QUANTITY SURVEYORS ACT, CHAPTER 266**

**APPLICATION FOR BODY CORPORATE LICENCE TO SUPPLY**

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|  | **ARCHITECTURAL SERVICES** |
|  | **PROFESSIONAL ENGINEERING SERVICES** |
|  | **QUANTITY SURVEYING SERVICES** |

(To be completed by the Applicant in BLOCK LETTERS)

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| We hereby apply to be licensed to supply professional services in the year: | Click or tap here to enter text. |

1. **COMPANY PARTICULARS**

|  |  |  |
| --- | --- | --- |
| Company Name: | Click or tap here to enter text. | |
| (previously known as, if any) | | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Company Address(es): | Click or tap here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Paid up capital: | Click or tap here to enter text. | | | (minimum $100,000) |  |
| No. of Company Directors: | Click or tap here to enter text. | | | (majority directors with PC) |  |
| No. of Shareholders: | Click or tap here to enter text. | | |  |  |
| No. of Company Employees: | Click or tap here to enter text. | | |  |  |
| Professional Indemnity Insurance : | | Coverage: | Click or tap here to enter text. | |  |
|  | | Expiry Date: | Click or tap here to enter text. | |  |

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| --- | --- | --- | --- | --- | --- |
| Telephone No: | Click or tap here to enter text. |  | Handphone No: | Click or tap here to enter text. |  |
| Email Address: | Click or tap here to enter text. | | | | |

1. **COMPANY DIRECTORS (with and without BAPEQS Practicing Certificates); and**

**EMPLOYEES (with and without BAPEQS Registration Certificate)**

| Name of Director/Employees | Valid BAPEQS PC No. (for directors); OR  BAPEQS Registration No.; OR  Brunei IC Number (where applicable) | Discipline  (and branch of engineering if applicable)  OR highest qualification | Position in Company |
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**\*additional employee name(s) can be listed separately.**

1. **COMPANY SHAREHOLDERS (including names already listed above)**

| Full Name (according to IC) | Brunei IC Number | % Share |
| --- | --- | --- |
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| 1. **DECLARATION TO BE SIGNED BY THE APPLICANT** |
| 1. We hereby declare that our company will be supplying the professional services as licensed by the Board. 2. We hereby declare that our company is insured against liability for any breach of professional duty arising out of the conduct of its business of supplying as a direct result of any negligent act, error or omission committed by the corporation or its directors, managers, secretaries or employees. 3. We are aware of provisions in Section 29, APEQS Act (Cap. 266) to furnish the Board, within 30 days, a true report in writing giving full particulars of the alteration or changes in memorandum or articles of association to remove the restrictions, limitations or prohibitions. 4. We hereby declare that the conduct of any director, manager or employee of our body corporate will supply architectural, professional engineering or quantity surveying services in accordance with any written law and with honesty and integrity in compliance with Architects, Professional Engineers and Quantity Surveyors Act, Chapter 266 and all notifications / circulars as issued by the Board of Architects, Professional Engineers and Quantity Surveyors. 5. We hereby declare that our company shall have the same rights and shall be subject to the same obligations in respect of fiduciary, confidential and ethical relationships with each client of the body corporate or limited liability partnership that exist at law between a registered architect, a registered professional engineer or a registered quantity surveyor and his client. 6. We hereby authorise the Board of Architects, Professional Engineers and Quantity Surveyors to seek verification on the information submitted in any manner as it deems fit and proper. 7. We submit herewith copies of authentic documents and those certified as true copies where required. 8. I hereby declare that the particulars in this application are correct and accurate.  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | |  |  | |  | Signature | |  |  | | Name: | Click or tap here to enter text. | |  |  | | Position: | Click or tap here to enter text. | |  | Company Stamp | | Date of Application: | | Click or tap here to enter text. | |

Attached herewith are:

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|  | Recent / Valid Professional Indemnity Insurance |
|  | Copies of valid BAPEQS PC (for new applicant only) |
|  | Certificate of Registration of Company issued by ROCBN (for new applicant only) |
|  | Certified true copy of Company’s resolution (for new applicant only) |
|  | Certified true Copy of company’s memorandum or articles of association. (for new applicant only) |
|  | True report on particulars of the alteration or change to memorandum or articles of association, if any. |

Incomplete form and insufficient attachment forms will be returned.