



ARCHITECTS, PROFESSIONAL ENGINEERS, QUANTITY SURVEYORS ORDER 2011
ARCHITECTS, PROFESSIONAL ENGINEERS, QUANTITY SURVEYORS RULES 2016

**APPLICATION FOR LICENCE TO SUPPLY SERVICES AND NAME OF PRACTICES
FOR LIMITED PARTNERSHIP / PARTNERSHIP**

(To be completed by the Applicant in BLOCK LETTERS)

for Year: _____

*LIMITED PARTNERSHIP / PARTNERSHIP

*ARCHITECTURAL / PROFESSIONAL ENGINEERING / QUANTITY SURVEYING SERVICES

*(*Delete whichever is not applicable)*

1. Practice Name (As registered in Business Name Act SECTION 16):

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.....

2. Principal place of business: (As registered in Business Name Act SECTION 16)

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3. Other places of business:

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.....

4. Date of Commencement

.....

5. Tel No.:

Email:

6. List of nature of business. (As registered in Business Name Act Cap.92 SECTION 17)

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.....

7. Board of Directors

Name and address	Occupation	Practicing Certificate No.

8. List of Partners / Shareholders / Members

Name and address	Occupation	Professional Registration no. (if any)	Percentage shares owned (%)

9. Share Capital and Shares

Authorised Share Capital	Paid-up Capital	Accumulated Capital/Asset

10. Information About Organisation (* Only applicable)

1	No. of registered architects employed *	
2	No. of registered professional engineers employed *	
3	No. of registered quantity surveyor *	
4	No. of sub-professional staff	
5	No of clerical staff	
6	Others	

a. Details of Registered Architects Employed (* Only applicable)

#	Name	Architect Registration No.
1		
2		
3		

b. Details of Registered Professional Engineers Employed (* Only applicable)

#	Name	Professional Engineer Registration No.
1		
2		
3		

c. Details of Registered Quantity Surveyors Employed (* Only applicable)

#	Name	Quantity Surveyor Registration No.
1		
2		
3		

11. Particulars Of Supervising Partner

1	Name	
2	Practicing Certificate No.	
3	Residential Address	
4	Percentage of Shares Owned	

12. Particulars of Professional Indemnity Insurance

1	Name and Address of Insurer	
2	Limit of Indemnity	
3	Scope of Indemnity	
4	Term of Policy	

13. Signature of Partners

Name	Signature	Date

Company's Seal / Chop

For Office Use Only

Date of Receipt of Application: _____ Date of Board Meeting scheduled: _____

Full Particulars and Details submitted: Yes No

Fee Amount Received: B\$ _____ Receipt No: _____

Decision of Board: Approved Deferred Rejected

Reasons for Deferred / Rejected Application:

Date of Notification to Applicant of Board Decision:

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For successful Applicant's License

Date of License: _____ License No: _____

Date License Despatched: _____ Date of Certificate: _____