



# ARCHITECTS REGISTRATION BOARD (ARB)

## Application for Register as an ARCHITECTURAL LICENTIATE

1. a. NAME WITH INITIALS:

UNDERLINE FAMILY NAME

b. NAME DENOTED BY INITIALS:

c. NAME TO BE APPEARED IN THE RUBBER STAMP: (BLOCK LETTERS)

2. ADDRESS :

a. Office / Business	
b. Residence	
Tel/Mobile	
E - Mail Address	

3. DATE OF BIRTH:...../...../..... 4. GENDER: M/F..... 5. NATIONAL IDENTITY CARD NO:.....

6. CITIZENSHIP:.....(STATE BY DESCENT OR BY REGISTRATION)

IF BY REGISTRATION - REGISTERED NO.....DATE.....PLACE.....

7. QUALIFICATIONS: (attach copies of certificates/documents issued by SLIA and other relevant documents)

.....  
.....  
.....  
.....

AFFIX RECENT  
PASSPORT  
SIZE  
COLOUR  
PHOTOGRAPH

8. APPLICANTS DECLARATION

I declare that the above particulars are true and correct and that I meet the requirements of section 8F (I) of the Sri Lanka Institute of Architects (Amendment) Act No. 14 of 1996. I am aware that any incorrect information that I have given may result in removal of my name from the register, and any further action as decided by the ARB.

DATE:...../...../.....

.....  
SIGNATURE OF APPLICANT

ATTESTATION :

I hereby attest that/Mr/Ms./.....(Name)

of .....(address)

placed his /her signature before me on .....day.....of 20.....

Justice of Peace

FOR OFFICE USE - Finance Division

PROCESSING FEES (ARB Registration Fee)

AMOUNT RS.

RECEIVED

DATE:

Accounts Officer:  
Sri Lanka Institute of Architects

Signature and the Seal:  
Accounts Officer:

ARCHITECTS REGISTRATION BOARD:

DECISION OF THE BOARD:

ARB MEETING (No).....

.....

APPROVAL OF THE ARB :

Date :.....

.....

REMARKS IF ANY :

.....

ARB REGISTRATION NO.: .....

SIGNATURE OF THE CHAIRMAN  
ARCHITECTS REGISTRATION BOARD  
DATE:

REGISTRAR  
ARCHITECTS REGISTRATION BOARD

ARB REFERENCE FILE NO: