



ARCHITECTS REGISTRATION BOARD (ARB)

Application for Register as a CHARTERED ARCHITECT

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:

MEMBERSHIP OF SRI LANKA INSTITUTTE OF ARCHITECTS

CORPORATE MEMBERSHIP (attach copies of certificates/documents issued by SLIA and other relevant documents)

DATE OF ISSUE:...../...../.....

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 onday.....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: