



TRANSCOM HOUSE ANNEX GROUND FLOOR, COMMUNITY

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BOARD OF REGISTRATION OF ARCHITECTS AND QUANTITY
SURVEYORS (BORAQS) KENYA

BOARD OF REGISTRATION OF ARCHITECTS AND QUANTITY SURVEYORS
(BORAOS) KENYA

APPLICATION FOR INCLUSION IN THE REGISTER OF PRACTISING FIRMS

1. Full Name of the Firm.....
2. Postal Address.....
3. Physical Address
4. Telephone Number.....
5. Email Address.....
6. Nature of Firm (Sole Proprietor/Partnership/Limited Liability)
7. Profession (Architectural/Quantity Surveying)
8. Directors Contact Mobile numbers
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The following to be attached: -

- a) Copy of Registration Certificate/ Certificate of incorporation with the Registrar of Companies.
- b) Articles and Memorandum of Association for Limited Liability Firms/ Deed poll for Partnerships. (The objectives/ the primary business activity of the firm should be specific to the Profession)
- c) Sample Headed Paper (Letter Head) as approved by the Board (BORAQS) - Should have: - Physical & Postal Address, the services to be offered by the firm, KRA PIN, Name(s) & qualifications of the registered director(s).
- d) Professional Indemnity Insurance Certificate of Minimum Kshs.1 million.
- e) PIN and VAT certificates
- f) Official Search (CR12) for Limited Liability Companies/ Official Search (CR13) for Business Name/ Official search LLP for partnerships.
- g) Profiles, academic & registration certificates for all directors and share holders
- h) Registration Fee Kshs.30, 000.00
- i) Registered firms shall pay an annual subscription fee of Kshs. 10,000.00
- j) Prove of Professional Practice Induction Course by BORAQS.

9. Details of directors or partners

	Names	Registration No. Under Cap.525	Experience in Kenya	Citizenship Status/ country of residence
i.				
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
viii.				

10. Details of Employed Professional Personnel

	Names	Registration No. Under Cap.525	Experience in Kenya	Citizenship Status/ country of residence
i.				
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
viii.				

11. Amount of Professional Indemnity Insurance.....

12. i) Name of Insurance Company.....

ii) Postal address.....

It is here by declared that the above information is true in all respects and we undertake to notify the board of immediately of any change.

Signed by

Date

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GENERALLY

1. The Board will not register firms with common Directors or Firms whose Directors are employees of other firms.

FOR OFFICIAL USE

DATE RECEIVED.....

REGISTRAR'S COMMENTS.....

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REGISTRATION NUMBER:

DATE APPROVED:

SIGNED 1. MEMBER

 2. MEMBER.....

 3. CHAIRMAN.....