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REPUBLIC OF KENYA  
The Architects and Quantity Surveyors By-Laws  
(Cap. 525 (Sub. Leg))

Form of Application for Registration (FORM B2)

TO THE REGISTRAR,  
BOARD OF REGISTRATION OF ARCHITECTS AND QUANTITY SURVEYORS,  
P.O. BOX 40866, NAIROBI

Full Name .....

ID Number.....PIN Number.....

Title (Mr. Mrs. Or Miss Etc.) .....

University and/or professional affixes .....

Postal address .....Code.....Town.....

Email:..... Mobile No.....

Office Tel.....

Location of office .....

Date of Birth: ...../...../..... Nationality .....

I, the undersigned, hereby apply to have my name as given above in the Register of Architects/  
Quantity Surveyors\*.

I enclose a remittance of .....Kenya shillings for payment in accordance with clause 1(a) of the  
Sixth Schedule to the By-laws and further undertake to pay annual renewal fees as required by the  
said Schedule if my application is accepted.

I was (1) ..... to (2) .....

(1) State if "pupil" or  
"assistant"

of ..... from .....

(2) Give name and  
address of Principal.

until ..... and (1) .....

to (2)..... of .....

from ..... until .....

and (1) ..... to (2) .....

of ..... from .....

until ..... and (1) .....

to (2) ..... of .....

from ..... until .....

During the above periods I was engaged upon the following completed works:-

State in what  
capacity. Not  
more than four.

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

I desire to give the following information regarding my qualifications:-

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

I have passed the following examinations:-

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

I append the names, Registration number and address of the following Architects/Quantity Surveyors to whom reference may be made:-

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

Have you ever submitted previously an application for registration?

.....

I hereby declare that the foregoing statements are true in every respect and that I have read the Act and the By-laws and understand that, if registered, I shall be bound thereby and by any amendments thereto so long as my name remains in the Register.

Signature of applicant ..... Date .....

For office use only.	Deposit receipt No. ....	Registered No. ....
	Candidate notified .....	Approved by the Board .....

\*Delete as necessary