

SRI LANKA INSTITUTE OF ARCHITECTS

APPLICATION FOR REGISTRATION OF CONSULTANCY PRACTICE 2018/2019

(Please refer SLIA Regulations Gazette No. 2041/18 dated 17th October 2017, also refer to instructions at the end of application before filling this application)

*Office
use
only*

1. Name of the Practice : (Please use Block Letters)

2. Office Address :

3. Telephone (s)

4. Fax (es)

5. E-mails (s)

6. Website

7. Mode of Practice (Please mark X at the appropriate cage)

| Individual | Sole Proprietorship | Partnership | Limited Liability |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Please submit following documents in respect of your Practice)

| | | |
|-----|----------------------------------|---|
| 7.1 | Individual | Attached true copy of the ARB Registration Certificate. |
| 7.2 | Sole Proprietorship | Attached true copy of the Business Registration Certificate. |
| 7.3 | Partnership | Attached true copy of the Partnership Agreement documented as per SLIA Regulations. |
| 7.4 | Private Limited Liability | Attached true copies of the Business Registration Certificate and Certified copy of the Articles of Association documented as per SLIA Regulations. |

8. ARB Registration Details of Architects/Directors/Partners

| Name of Individual/Partner/ Director | ARB No. | Expiry Date of ARB No. |
|---|----------------------|---------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

9. Qualifications of Directors/Individuals/Partners other than the Architects
 (Applicable for above 7.3 and 7.4 only). *Please submit certified copies of relevant documents to prove their Professional Qualifications. Professional qualifications of allied professions only.*

| Name | Designation | Professional Qualifications | Year of Award | Mem. No. |
|------|-------------|-----------------------------|---------------|----------|
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10. If there is/are any other Practice or Practices Registered with SLIA where you are a Director/Partner or Proprietor. Please indicate the name of Practice, Mode & your position.

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11. Brief Description of the Practice including nature of business (50-100 Words).
 To be compiled with 1.2 (Practice of Architecture) of the SLIA Regulation

11.1 Nature of Business

- 1..... 4.....
- 2..... 5.....
- 3..... 6.....

11.2 Brief Description

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I, Archt.....
 in the capacity of Individual Practitioner/Sole Proprietor/Partner in our Partnership/ Director of the Limited liability Company of the said Practice and being a Member of SLIA hereby declare that the facts set out in support of this application are true, and I further state that the proposed practice will be carried out according to the SLIA Code of Professional Conduct and Subject to the Practice Regulations, currently in force.

Name of Architect (Individual Practitioner/ Sole Proprietor/ Principal Partner/ Director)

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Signature: **Date :**

Notes:

1. Please apply for name clearance in new registrations.
2. SLIA reserves the right not to register a Practice if it does not comply with the Regulations.
3. It is the Members' responsibility to furnish accurate details and SLIA shall not be held responsible for any inaccuracy or discrepancy arising in publishing such information.
4. This approval is valid only for the mode of Practice mentioned in the application. A separate application shall be forwarded for approval, if the Mode of Practice is altered.
5. Please refer the SLIA Practice Regulations 6.1.1 up to 6.3.5. of the Gazette No. 2041/18 dated 17th October 2017.
6. A Registration Fee of Rs. 1,100/- + VAT & NBT are payable for all new practices.

CHECK SHEET FOR SUBMISSIONS

(To be filled by the Applicant)

For Office use only

| Practice Category | Document | (√)/(X) | No. of copies attached |
|-------------------|--|---------|------------------------|
| 7.1 | * Copy of the ARB Registration Certificate | | |
| 7.2 | * Copy of the ARB Registration Certificate | | |
| | * Copy of the Business Registration Certificate | | |
| | * Copy of the Certificate of Professional Qualification of Directors | | |
| 7.3 | * Certified copy of the ARB Registration Certificate | | |
| | * Partnership Agreement | | |
| | * Copy of the Certificate of Professional Qualifications | | |
| 7.4 | * Certified copy of the ARB Registration Certificate | | |
| | * Certified copy of the Business Registration Certificate | | |
| | * Certified copy of the Articles of Association | | |
| | * Copies of the Certificate of Professional Qualification of Directors | | |

| Acknowledged by PAB |
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Signature of Applicant

Date :

INSTRUCTIONS

- * 1 to 8 are self explanatory
- * 9. Directors / Individuals / Partners shall be from allied Professional such as construction industry related engineering, quantity surveying, urban design, interior design, landscape architects, planners etc.
- * 10. Please clearly indicate your involvement or if you are not involved clearly indicate "NOT INVOLVED"
- * 11.1 Nature of Business.
- * Examples are architecture, interior design, project management, urban design etc. Be brief and precise.
- * 11.2 Description shall be about 50 words only. Be brief and precise.