

Please complete and return to
Level 7, 372 Albert Street
EAST MELBOURNE VIC 3002

Architects
Registration Board
of Victoria

PARTNERSHIP APPROVAL

Page 1 PARTNERSHIP INFORMATION

1. NAME OF PARTNERSHIP _____

(If you do NOT provide a proposed name for your partnership, the name in the Board's records will comprise the names of the partners in the order provided in your application)

2. COMPLIANCE WITH THE ACT

- 2.1 Is a member of the Partnership who is registered as an architect under the Architects Act 1991 responsible for carrying out the architectural services provided by the partnership?
(Please circle) **YES/NO**
- 2.2 Are the architectural services provided by the partnership carried out by or under the supervision of a person who is registered as an architect under the Architects Act 1991
(Please circle) **YES/NO**
- 2.2 Is the person referred to in 2.1 or 2.2 covered by the Professional Indemnity insurance required under the Architects Act 1991? **Please attach copy of current Certificate of Currency.**
(Please circle) **YES/NO**

3. DECLARATION BY THE PARTNERS

The following declaration must be signed in the presence of a person qualified to witness Statutory Declarations.

Each of us being the partners solemnly and sincerely declare that this application and declaration is true and correct and we make it in the belief that a person making a false declaration is liable for the penalties or perjury.

For each of the partners, complete (a) and (b)
(a) Signature

(b) Name

Declared at _____

in the State of _____ this _____ day of _____ 20

before me _____ Signature of witness

Privacy laws and collection of personal information.

The information collected on this form is required by the Architects Act 1991 (as amended 2004) and the Architects Regulations 2004 (amended 2005) for the purposes of approval as a partnership. Some of this information may be published in the Register of Architects. Some of this information may be provided to other Architects Boards in other jurisdictions if you apply to register in another jurisdiction. All parts of the registration form should be completed correctly. Failure to do so may result in delayed or refused registration.

PARTNERSHIP APPROVAL

Page 2 ARCHITECT PARTNER INFORMATION

For each ARCHITECT partner, please provide the following information:

NAME OF PARTNERSHIP _____

1. NAME _____
Family name Title (Mr, Mrs, Ms etc) Given names

2. PLACE AND DATE OF BIRTH _____
State Country Day Month Year

3. ARCHITECT REGISTRATION NUMBER _____

4. ADDRESS AND CONTACT INFORMATION

(a) Residential
Address _____

(b) Postal Address

(if different from Residential Address)

(c) Business Address

(d) Telephone: Business:

Home:

Fax :

Email:

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Page 3 **NON - ARCHITECT PARTNER INFORMATION**

For each NON-ARCHITECT partner, please provide the following information:

NAME OF PARTNERSHIP _____

1. NAME _____
Family name Title (Mr, Mrs, Ms etc) Given names

2. PLACE AND DATE OF BIRTH _____
State Country Day Month Year

3. ADDRESS AND CONTACT INFORMATION

(a) Residential Address
.....
..... Postcode.....

(b) Postal Address _____
(if different from Residential Address)

(c) Business Address _____

(d) Telephone: Business:

Home:

Fax :

Email:

4. OCCUPATION _____

Partnership Approval Fee

\$410

This fee comprises: Application fee of \$205 and Annual fee of \$205

- PLEASE RETURN THIS FORM REGARDLESS OF PAYMENT METHOD
- PLEASE NOTE THE ANNUAL FEE FOR EACH ARCHITECT PARTNER IS SEPARATE FROM THIS PARTNERSHIP

Payment methods

In person: Cash, Cheque, EFTPOS or Credit Card at the Board's Office

Mail: Cheque or Money Order made payable to: 'Architects Registration Board of Victoria'

Office use:

Approval number:

Approved Date: