

# COMPANY APPROVAL

## DIRECTOR INFORMATION

Please submit a DIRECTOR INFORMATION form for every Director of the Company

**NAME** \_\_\_\_\_  
*Family name Title (Mr, Mrs, Ms etc) Given names*

**PREVIOUS OR OTHER NAMES** \_\_\_\_\_  
*If this Director has ever been known by any other name, please give details*

**PLACE AND DATE OF BIRTH** \_\_\_\_\_  
*State Country Day / Month / Year*

### ADDRESS AND CONTACT INFORMATION

*Postal Address*

\_\_\_\_\_  
*(If different from Residential Address)*

*Business Address*

\_\_\_\_\_  
*Telephone: Business:*

*Personal:*

*Email:*

**Occupation** \_\_\_\_\_

**Registration Number** (if applicable) \_\_\_\_\_

**DATE DIRECTORSHIP COMMENCED** \_\_\_\_\_

#### Privacy laws and collection of personal information.

The information collected on this form is required by the Architects Act 1991 (As amended 2004/2005) and the Architects Regulations 2015 for the purposes of approval as a company. 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.