

PARTNERSHIP APPROVAL

PARTNER INFORMATION

Please submit a PARTNER INFORMATION form for every Partner of the Partnership

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 PARTNER MEMBERSHIP 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.