

DIRECTOR INFORMATION FORM

Please submit an individual Director Information form for each architect Director of the Company (registered with the ARBV)

NAME OF COMPANY _____

NAME _____
Given name *Surname name*

ADDRESS AND CONTACT INFORMATION

Postal Address

Principle place of Business

Business Email: _____

ARBV REGISTRATION NUMBER _____

DATE OF APPOINTMENT AS ARCHITECT DIRECTOR _____

Privacy laws and collection of personal information.

The information collected on this form is required by the *Architects Act 1991* and the *Architects Regulations 2015* for the consideration of company approval. Some of this information will be published in the Register of Architects available on our website www.arbv.vic.com.au. This information may also be provided to equivalent regulators in other jurisdictions for the purpose of a mutual recognition application.