

PARTNERSHIP INFORMATION FORM

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

NAME OF PARTNERSHIP _____

NAME _____

Given name

Surname name^s

ADDRESS AND CONTACT INFORMATION

Postal Address

Principle place of Business

Email: _____

ARBV REGISTRATION NUMBER _____

DATE PARTNER MEMBERSHIP COMMENCED _____

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 partnership 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.