

## Application for Registration in South Australia as an Architect (company)

**Form 03**  
1 January 2011

### COMPANY INFORMATION

1. NAME OF COMPANY \_\_\_\_\_
2. AUSTRALIAN COMPANY NUMBER (ACN) \_\_\_\_\_
3. AUSTRALIAN BUSINESS NUMBER (ABN) \_\_\_\_\_
4. BUSINESS NAME (if applicable) \_\_\_\_\_
5. ADDRESS & CONTACT INFORMATION

\_\_\_\_\_

Address of Registered office

\_\_\_\_\_

State
Postcode

\_\_\_\_\_

Street Address (if different from above)

\_\_\_\_\_

State
Postcode

\_\_\_\_\_

Postal Address (if different from above)
State
Postcode

Please nominate contact address for correspondence and publication in the register

- Street       Postal

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

### DIRECTOR INFORMATION

Names, addresses, qualifications and registration status of the all directors of the company are as follows:-

Full Name	Contact Address	Qualification held	Registered architect in SA <i>Yes/No Reg No</i>

(if insufficient space please attach a schedule)

**DECLARATION**

I \_\_\_\_\_(Director/Secretary of company) am authorised by a resolution of the Board of Directors of the company to make this application on behalf of the company.

I consent to the Architectural Practice Board of South Australia making enquiries of, and exchanging information with the authorities of any Australian States or Territories, or other countries, regarding the company's practise as an architect or otherwise regarding matters relevant to this application.

I do solemnly and sincerely declare that the statements made in this application are true and correct in every particular to the best of my knowledge and belief; and that I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1936*.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Print Name

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

Declared at \_\_\_\_\_

in the State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20

before me \_\_\_\_\_(see below)  
Signature

\_\_\_\_\_  
Print Name

**Indicate whichever is applicable**

- A Justice of the Peace
- A Notary Public
- A Commissioner for Taking Affidavits
- A Proclaimed Member of the Police Force *(must include name of town or place where situated)*

**NOTE: All witnesses must provide their registration or identity number and if applicable, their seal or stamp when witnessing the Declaration and any certified accompanying documentation.**

Please check you have completed all applicable items and included the fee payable. Incomplete applications will be returned to you and not considered lodged with the Board.