

ARCHITECTS ASSOCIATION OF BOTSWANA

Registration No. CNR1/1994/004



CORPORATE PRACTICE MEMBERSHIP APPLICATION FORM

(for Practices)

Please print and use Black Indelible Ink in filling out this application

Company /Firm Name:	
CIPA Registration No.	
Postal Address:	
Physical Address:	
Date of Registration / incorporation / Partnership	
Work Tel. No:	Fax No:
Email Address:	
Web Address:	

Unless otherwise requested · correspondence from AAB will be emailed

State Practice Type (please tick relevant box)

Limited Company	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Close Company	<input type="checkbox"/>
One Person Company (Sole Proprietor)	<input type="checkbox"/>
Other (Please State)	<input type="checkbox"/>

Shareholding	Citizen (State %)	Non-Citizen (State %)
100% Citizen Owned		
Majority Citizen Owned		
Minority Citizen Owned		
100% Foreign Owned		

ARCHITECTS ASSOCIATION OF BOTSWANA

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This Application is prepared on behalf of the aforementioned firm /Practice By::

(Print Name).....

Signed;.....

Date:.....

AAB Membership No.....

Company Stamp.....

DECLARATION:

I/We declare that we have read the Constitution of the Architect's Association of Botswana. We undertake to be bound by it and by any Regulations issued by the Association in accordance with the said Constitution.

Enclosed are:

- | | | | |
|--|--------------------------|--|--------------------------|
| A: Remittance | <input type="checkbox"/> | E: Share Certificates | <input type="checkbox"/> |
| B: Certified Copy of CIPA Registration | <input type="checkbox"/> | F: Certified copy of PII Cover | <input type="checkbox"/> |
| C: Certified Copy of Partnership Agreement | <input type="checkbox"/> | G: Certified Copy of ARC Practice Certificate | <input type="checkbox"/> |
| D: Certified Copy of Form 2 | <input type="checkbox"/> | H: Certified Copies of ARC Registration Certificates | <input type="checkbox"/> |

Signed:Date:.....
Applicant

Sworn Before Me at:.....on.....

Commissioner of Oaths.....
Signature and Stamp

ARCHITECTS ASSOCIATION OF BOTSWANA

CORPORATE PRACTICE MEMBERSHIP APPLICATION FORM

FOR OFFICIAL USE:

Date Received Remittance Date

Sub-Com Decision Reg. No:

ExCo Ratification Date of Registration:

Applicant Informed

Remarks:

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NOTES ON APPLICATION FOR MEMBERSHIP: - (Rev 2018)

1. Please complete the Application Form in full.
2. Remittance must accompany the Application Form:
3. Cheques should be made payable to A.A.B.
4. Proof of payment to be submitted in cases where payment are made through electronic funds transfers.

Category of Membership	Joining Fee	Annual Subscription	Total
Corporate Practice Member	P2,750.00	P2,750.00	P5,500.00

5. Certified copies of your Companies Certificate of Incorporation or Firms Partnership Agreement must be attached to this application.
6. Certified Copies of Form 2 must be attached with this application. Note that only Practices in which 50% or more shares are held by AAB Members in good standing will be accepted for Corporate Practice Membership.