



Notification - Appointment of Nominees

Organisation details

Organisation name _____

Partnership or Company _____ ACN _____

Postal address _____

_____ Territory/State _____ Postcode _____

Business address _____

_____ Territory/State _____ Postcode _____

Business phone _____ Business fax _____

Email/website address _____

Contact _____ Mobile phone _____

Privacy Information

The information you are asked to provide will be used to assess your ability to hold registration as an Architect in the ACT.

The lawful authority for the collection of this information is the *Architects Act 2004*. The information may be disclosed to other Architect Registration Authorities.

Note

If a firm has only 1 nominee they become the Primary Nominee.

If a firm has more than 1 nominee and a director or partner is listed as 1 of those nominees they become the Primary Nominee.

If a firm has more than 1 nominee and more than 1 director or partner listed as nominees the firm must nominate 1 to become the Primary Nominee.

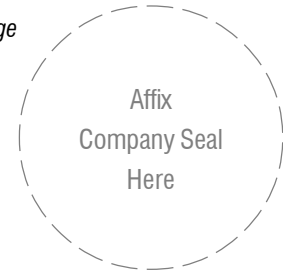
Declaration - Director/Partner

As a director of the company (or partner of the partnership) I declare that the information contained in or attached to this notification is complete and true to the best of my knowledge and hereby appoint the **Primary Nominee** and **Nominees** listed in this notification.

Print full name _____

_____ / / _____

Signature of applicant Date



Primary Nominee

I (print full name) agree to the appointment of being the **Primary Nominee** for in relation to architectural services

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provided by the firm and as a (director, partner, employee) of the firm understand the responsibilities required by the 'Architects Act 2004' while I am a nominee.

_____ / / _____

Nominee signature Date ACT Registration No.

Nominee

I (print full name) agree to the appointment of being a **Nominee** for in relation to architectural services

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provided by the firm and as a (director, partner, employee) of the firm understand the responsibilities required by the 'Architects Act 2004' while I am a nominee.

_____ / / _____

Nominee Signature Date ACT Registration No.

Office use only

Fees

App fee. _____

Lic. fee. _____

Other _____

Date received _____ / / _____

Receipt no. _____

Licence no. _____

Receiving officer _____

