**INSTITUTE OF QUANTITY SURVEYORS SRI LANKA**

APPLICATION FOR REGISTRATION AS CHARTERED QUANTITY SURVEYORS UNDER SECTION 13 (4) OF THE IQSSL INCORPORATION ACT NO 20 OF 2007

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFICE USE** | | | |
| Ref: |  | Approved |  |
| Status |  | Not Approved |  |
| If not approved, reason | | | |
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1. Registered Name of Practice/Firm/ Company: …………………….…………………………………………..........................................................

|  |  |  |
| --- | --- | --- |
| Limited Liability Co. |  | Date of Registration |
| Partnership |  |  |
| Sole Proprietorship |  |  |

1. Legal Status :
2. Registered Address :…………………………………………………………………...

…………………………………………………………………...

……………………………………………………………………

Tel: ……………………………

Fax: ……………………………

E-mail: ……………………………

Web: ……………………………

1. Names and Details of Board of Directors/ Partners/ Sole Proprietor: (Attach separate sheet if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| **Limited Liability Co.**  **(Board of Directors)** | **Partnership**  **(Partners)** | **Sole Proprietor** | **IQSSL Membership No:** |
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Attach copies of Certificate of Incorporation/ Certificate of Registration/ Form 1 of Company Registration, as appropriate, certified by the Company Secretary in case of Limited Liability Company, or by an Attorney at Law in case of others. For Limited Liability Companies, the Company Secretary shall also provide a certification about the full details of members of Board of Directors, as at the date of application.

**DECLARATION**

It is understood and agreed that the information provided is to be used by the Institute in determining, according to the IQSSL Incorporation Act No 20 of 2007, the registration of prospective application as a Sri Lankan Chartered Quantity Surveying practice in Sri Lanka and Overseas.

The signing by the undersigned of this application form guarantees the truth and accuracy of all information given.

It is also understood and acknowledged that if there occurs any changes to details submitted herein, it shall duly communicated to the Institute at the earliest opportunity available.

Authorized Signature: (If Partnership, all Partners shall sign)

Name: ………………………………………………………………………………………………………

Position: ……………………………………………………. Seal:

Date: …………………………