

# ARCHITECTS REGISTRATION COUNCIL

(ARCHITECTS ACT 1969, NLCD 357)

3, Abdul Diouf Road  
P.O Box 272, Ministries  
Accra, Ghana



Tel: (0302) 252490  
Email: [arcghana@gmail.com](mailto:arcghana@gmail.com)  
Website: [www.arc.gov.gh](http://www.arc.gov.gh)

**FORM -ARC- AF - 03**

## **APPLICATION FOR REGISTRATION AS AN ARCHITECTURAL FIRM ON THE STANDING REGISTER**

**Kindly comply with the underlisted requirements.  
Application forms are enclosed.**

### **REQUIREMENTS FOR AN ARCHITECTURAL FIRM IN GHANA**

1. Applicant should have completed school ten years and also should have passed the PPE 5 years before application.
2. Attach the following after completing the form and submit to the ARC Secretariat.
  - a) Curriculum vitae of partners/directors
  - b) Certificate of registration of business
  - c) Details of directors if it is a limited liability company
  - d) Details of shareholdings of directors
  - e) Two passport size pictures of partners or directors
  - f) School/academic certificates
  - g) Two letters of reference
  - h) A non-refundable submission fee of GH¢ 1,000.00 (this is considered as payment on account of Registration/license fee for successful applications)

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Staple 2  
Passport Size  
Photos with  
your name(s)  
endorsed  
behind here

## FORM -ARC-AF-03

### APPLICATION FOR REGISTRATION AS AN ARCHITECTURAL FIRM ON THE ARC STANDING REGISTER

#### A. FIRM'S DATA

1. Name of Firm in full

2. ARC / RGD Clearance Number: ..... Date:.....

3.

Type of Business (sole ownership, partnership, company, etc.)	Business Registration Number	Place of Issue	Date of Issue	Expiry Date

4. Mailing Address (For entry in Register):.....

5. Main Office Location: .....

6. Tel No(s)  7. E-mail

8. Professional Area(s) of interest / specialization: .....

#### B. DATA ON FIRM'S PRINCIPAL ARCHITECT(S) / PARTNER(S) / DIRECTOR(S)

(i) 1. 

<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	First Name(s)	Middle Name(s)

2. 

<input type="text"/>	<input type="text"/>	<input type="text"/>
Designation	Profession	Shareholding value

3. Responsibilities:.....

4. Sex - M / F  5. Date of Birth  6. Nationality

7. Personal Identification Document (Passport, National Identification Card and Driver's License)

Type	Number	Place of Issue	Date of Issue	Expiry Date

8. Tel No(s)  9. E-mail

(ii) 1. 

<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	First Name	Middle Name(s)

2. 

<input type="text"/>	<input type="text"/>	<input type="text"/>
Designation	Profession	Shareholding value

3. Responsibilities .....

4. Sex - M / F  5. Date of Birth  6. Nationality

7. Personal Identification Document (Passport, National Identification Card and Driver's License)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type	Number	Place of Issue	Date of Issue	Expiry Date

8. Tel No(s)  9. E-mail

(iii) 1.     
Surname First Name Middle Name(s)

2.     
Designation Shareholder value Profession Shareholding value

3. Responsibilities .....

4. Sex M / F  5. Date of Birth  6. Nationality

7. Personal Identification Document (Passport, National Identification Card and Driver's License)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type	Number	Place of Issue	Date of Issue	Expiry Date

8. Tel No(s)  9. E-mail

(IV) 1. (\*if non-Ghanaian)     
Surname First Name Middle Name(s)

2.     
Designation Shareholder value Profession Shareholding value

3. Responsibilities .....

4. Sex - M / F  5. Date of Birth  6. Nationality

7. Personal Identification Document (Passport)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type	Number	Place of Issue	Date of Issue	Expiry Date

8.

*(If non-Ghanaian)		Number	Place of Issue	Date of Issue	Expiry Date
a.	Resident Permit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	Work Permit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Tel No(s)  10. E-mail

Licensure Details of Principal(s)

Name	Registration Number	Issuing Body	Place of Issue	Date of Issue	Expiry Date
i.					
ii.					
iii.					
iv.					

**C. REFEREES: (At least one should be a registered Architect)**

1. Name: ..... Tel. No: .....  
 Address: ..... E-mail: .....

2. Name: ..... Tel. No: .....  
 Address: ..... E-mail: .....

**D. CERTIFICATION STATEMENT**

I/We ..... declare that I/we have never been found guilty of any criminal offence. I/We also declare that the information on this application, and other forms and documents submitted to the Architects Registration Council (ARC) is provided in good faith and is true, complete and accurate. I/We understand that any misrepresentation made by me/us in this application may be cause for refusal or revoking of registration.

i. Signed: ..... Date: .....  
 ii. Signed: ..... Date: .....  
 iii. Signed: ..... Date: .....  
 iv. Signed: ..... Date: .....

In pursuance of this application I/We enclose a covering letter with the following attachments, all translated into English:

- Copy of company registration documents and profile
- CV(s) of firm’s principal(s), Certified Copies of Diploma(s) / certificates / other Professional Registration [Originals may be requested for inspection].
- 2 Passport-size Photographs [endorsed]
- Letters of Recommendation from the 2 Referees
- Photocopy of Receipt of Registration Fee(s) paid to GCB Bank A/C No: **1141130001204**

**FOR OFFICE USE ONLY**

Received by: ..... Date: .....  
 Checked by: ..... Date: .....  
 Registrar’s Comments: ..... Date: .....  
 Date of Board Meeting: ..... Approved(Y/N)..... Reg. No: .....  
 Entry into Database: ..... Date: .....