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
Website: 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 be on the ARC Standing Register of Architects and in Good Standing [Having fulfilled the requirement for Registration of an Architect – ARC Bye-laws 7(i)].

2. Principal Architect must have a minimum of ten (10) years post-qualification experience as an Architect [ARC Bye-Law 13(1) or (2)].

3. Applicant should attach the following after completing the form and submit it to the ARC Secretariat.

   a) Curriculum vitae of partners/directors of the firm
   b) Certificate of registration of business
   c) A passport size pictures of partners or directors
   d) Two letters of reference

4. A fee of Five Thousand Ghana Cedis (GH¢5,000.00) which includes registration and subscription fees for the year.

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Staple 2 Passport Size Photos with yourname(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. 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.

Surname | First Name(s) | Middle Name(s)

2.

Designation | Profession | Shareholding value

5. Responsibilities:..... .....

6. 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.

Surname | First Name | Middle Name(s)

2.

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

(iii) 1.

Surname	First Name	Middle Name(s)

2.

Designation	Profession	Shareholding value
	Shareholder value	Designation

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

(IV) 1. **(*if non-Ghanaian**)

Surname	First Name	Middle Name(s)

2.

Designation	Profession	Shareholding value
	Shareholder value	Designation

3. Responsibilities .....

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

7. Personal Identification Document (Passport)

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				
b.	Work Permit				

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

Licensure Details of Principal(s)

	Name	Registration Number	Issuing Body	Place of Issue	Dateof 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
- 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: ……