

SRI LANKA INSTITUTE OF ARCHITECTS
APPLICATION FOR APPROVAL OF NAME CLEARANCE FOR NEW PRACTICE
REGISTRATION

*Office
use
only*

(Please refer to Practice Registration Procedure attached before filling this application)

1. Name of the Practice : (Please use Block Letters)

2. Office Address :

3. Telephone (s)

4. Fax (es)

5. E-mails (s)

6. Website

7. ARB Registration No:

Expiry Date

8. Mode of Practice

Individual	Sole Proprietorship	Partnership	Limited Liability

(Please submit following documents in respect of your Practice)

Partnership	A Draft of the Partnership Agreement documented as per SLIA Regulations.
Private Limited Liability	A Draft of the Business Articles of Association documented as per SLIA Regulations.

9. If there is/are any other Practice or Practices Registered with SLIA where you are a Director /Partner or Proprietor. Please indicate the name of Practice, Mode & your position.

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Name & Signature of Applicant

.....
ARB Seal of Applicant

Date :

CHECK SHEET FOR SUBMISSIONS

(To be filled by the Applicant)

For Office use only

Practice Category	Document	(√)/(X)	No. of Copies
<i>Sole Proprietorship Practice</i>	Copy of the ARB Registration Certificate		
<i>Partnership Practice</i>	Copy/copies of the ARB Registration Certificates		
	Draft of the partnership agreement		
<i>Private Limited Liability</i>	Copy/copies of the ARB Registration Certificates		
	Draft of the Articles of Association		
<i>Government Statutory Bodies</i>	Copies of the ARB Registration Certificates		

Acknowledged by PAB

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Signature of Applicant

Date :