

Application for Reinstatement in South Australia as an Architect (Business)

Business Information

Name of Company/Partnership

Australian Company Number (ACN)

Australian Business Number (ABN)

Business Name (if applicable)

Address of Registered Office

_____ State _____ Postcode _____

Street Address (if different from above)

_____ State _____ Postcode _____

Please nominate your contact address for correspondence
and publication in the Register

Street Registered Office

Business Phone

Mobile

Email Address

Former SA Registration Number

Registration Number

Date of Removal from Register

Director/Partner Information

Names, addresses, qualifications and registration status of all
directors/partners of the business are as follows:

1. _____
Full Name

Contact Address

Qualification held

Reg. Architect in SA Yes No Reg. No: _____

2. _____
Full Name

Contact Address

Qualification held

Reg. Architect in SA Yes No Reg. No: _____

3. _____
Full Name

Contact Address

Qualification held

Reg. Architect in SA Yes No Reg. No: _____

4. _____
Full Name

Contact Address

Qualification held

Reg. Architect in SA Yes No Reg. No: _____

If insufficient space, please attach a schedule.

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Declaration by Applicant

I _____ (Director/Secretary/
Partner of company) am authorised by a resolution of the
Board of Directors/Partners of the business to make this
application on behalf of the Company/Partnership.

I consent to the Architectural Practice Board of South
Australia making enquiries of, and exchanging information
with the authorities of any Australian States or Territories, or
other countries, regarding the company's practise as an
architect or otherwise regarding matters relevant to this
application.

I do solemnly and sincerely declare that the statements made
in this application are true and correct in every particular to
the best of my knowledge and belief; and that I make this
solemn declaration conscientiously believing the same to be
true and by virtue of the provisions of the *Oaths Act 1936*.

Signature

Print Name

Declared at

In the State of

this _____ day of _____ 20_____

Before me (Signature)(Refer next column)

(Print name)

Indicate whichever is applicable

- A Justice of the Peace
- A Notary Public
- A Commissioner for Taking Affidavits
- A Proclaimed Member of the Police Force (must
include name of town or place where situated)

**NOTE: All witnesses must provide their registration or
identity number and if applicable, their seal or stamp
when witnessing the Declaration and any certified
accompanying documentation**

Please check you have completed all applicable items and
include the fee payable. Incomplete applications will not be
considered as lodged by the Board.

Checklist of Documents Enclosed:

- Certified copy of certificate of incorporation of the
company (if applicable)
- Certified copy of business name certificate (if
applicable)
- Certified copy of Professional Indemnity Certificate of
Currency
- Reinstatement Fee
- Registration Fee

Privacy Laws and Use of this Information

The Architectural Practice Board of South Australia is
authorised under the *Architectural Practice Act 2009* to ask
for the information on this form. We need this information to
administer the Act.

We will only provide information to other authorised recipients
in the following situations:

- As required or authorised by or under this Act or any other
Act or law; or
- With the consent of the person to whom the information
relates; or
- In connection with the administration of the Act or the
repealed Act; or
- To an authority responsible under the law of a place
outside this State for the registration or licensing of
architects, where the information is required for the proper
administration of that law; or
- To an agency or instrumentality of this State, the
Commonwealth or another State or Territory of the
Commonwealth for the purposes of the proper
performance of its functions.

Please complete and email the form to the APBSA at
admin@archboardsa.org.au and include a copy of the
transaction record.

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Use of this Form

This form is to be used for the registration of an architectural company.

Privacy Laws and use of this Information

The Architectural Practice Board of South Australia is authorised under the Architectural Practice Act 2009 to ask for the information on this form. We need this information to administer the Act.

We will only provide information to other authorised recipients in the following situations:-

- as required or authorised by or under this Act or any other Act or law; or
- with the consent of the person to whom the information relates; or
- in connection with the administration of this Act or the repealed Act; or
- to an authority responsible under the law of a place outside this State for the registration or licensing of architects, where the information is required for the proper administration of that law; or
- to an agency or instrumentality of this State, the Commonwealth or another State or a Territory of the Commonwealth for the purposes of the proper performance of its functions

Fees

A reinstatement fee together with a registration fee are payable. Please refer to Fee Schedule for the applicable rates.

Fees are non-refundable.

Fees are exempt from GST.

Lodgement and Payment Methods

Lodgement of application and payment of registration fees can be made by:

- Email reinstatement form and attachments to the Board at admin@archboardsa.org.au with a cheque/ money order or payment by electronic funds transfer. Please include a copy of the transaction record with your reinstatement form.
- Please note that if you wish to lodge your documents in person that an appointment must be made beforehand with either the Registrar or Executive Assistant.
- Electronic funds transfer to the Architectural Practice Board of SA's bank account; BSB 085-005 A/c 446562438, or Pay ID 20167920248 (please attach a copy of your transaction receipt to your reinstatement form).
- Alternatively payment can be made via credit card by calling our office during business hours.

FURTHER INFORMATION

Please contact the Board if you require further information.

DOCUMENTS TO BE ATTACHED

- Certified copy of certificate of incorporation of the company

OR

- Certified copy of business name certificate (if applicable)

AND

- Certificate of Currency of Professional Indemnity Insurance