



Notification - Appointment of Nominees

A2

Privacy Information

The information you are asked to provide will be used to assess your ability to hold registration as an Architect in the ACT.

The lawful authority for the collection of this information is the *Architects Act 2004*. The information may be disclosed to other Architect Registration Authorities.

Note

If a firm has only 1 nominee they become the Primary Nominee.

If a firm has more than 1 nominee and a director or partner is listed as 1 of those nominees they become the Primary Nominee.

If a firm has more than 1 nominee and more than 1 director or partner listed as nominees the firm must nominate 1 to become the Primary Nominee.

Organisation details

Organisation name			
Partnership or Company		ACN	
Postal address			
	Territory/State	Postcode	
Business address			
	Territory/State	Postcode	
Business phone		Business fax	
Email/website address			
Contact		Mobile phone	

Declaration - Director/Partner

As a director of the company (or partner of the partnership) I declare that the information contained in or attached to this notification is complete and true to the best of my knowledge and hereby appoint the **Primary Nominee** and **Nominees** listed in this notification.

Print full name

Signature of applicant

Date

Affix
Company Seal
Here

Primary Nominee

I (print full name) agree to the appointment of being
the **Primary Nominee** for in relation to architectural services

provided by the firm and as a (director, partner, employee) of the firm understand the responsibilities required by the 'Architects Act 2004' while I am a nominee.

Nominee signature

Date

ACT Registration No.

Nominee

I (print full name) agree to the appointment of being
a **Nominee** for in relation to architectural services

provided by the firm and as a (director, partner, employee) of the firm understand the responsibilities required by the 'Architects Act 2004' while I am a nominee.

Nominee Signature

Date

ACT Registration No.

Office use only

Fees

App fee.

Lic. fee.

Other

Date received

/ /

Receipt no.

Licence no.

Receiving officer

Nominee

I (print full name) agree to the appointment of being
a **Nominee** for in relation to architectural services

.....
provided by the firm and as a (director, partner, employee)..... of the firm understand the
responsibilities required by the 'Architects Act 2004' while I am a nominee.

/ /	/ /
Nominee Signature	Date
ACT Registration No.	

Nominee

I (print full name) agree to the appointment of being
a **Nominee** for in relation to architectural services

.....
provided by the firm and as a (director, partner, employee)..... of the firm understand the
responsibilities required by the 'Architects Act 2004' while I am a nominee.

/ /	/ /
Nominee Signature	Date
ACT Registration No.	

Payment details

NOTE: **Appointment of Nominees - \$18.00** (GST does not apply).
Cheques should be made payable to the "Receiver of Public Monies".
Please provide your name and address on the back of the cheque.

Payment options

IN PERSON - present your cash, cheque, money order or credit/debit card (\$5.00 minimum payment and \$2500.00 maximum payment for credit card) at the ACT Planning and Land Authority Shopfront, ground floor, south, Dame Pattie Menzies House, 16 Challis Street, Dickson, ACT (8:30 am to 4:30 pm Monday to Friday except public holidays).

BY FAX - complete the credit card details and payment details (\$5.00 minimum payment and \$2500.00 maximum payment for credit card) then fax it to ACT Planning and Land Authority on fax number (02) 6207 1925 (Mastercard and VISA accepted).

BY MAIL - enclose a cheque or money order or complete the credit card details and payment details (\$5.00 minimum payment and \$2500.00 maximum payment for credit card) then post it to ACT Architects Board, ACT Planning and Land Authority, GPO Box 1908, Canberra ACT 2601.

ACT ARCHITECTS BOARD ENQUIRIES - Please call (02)6207 6288, facsimile (02) 6207 1925.

Payment authority - for fax or mail payments only (see above)

Please charge the amount of \$_____ to the: ☐ Mastercard ☐ Visa of:

Name of cardholder	_____		
Card number	_____	Expiry date	____ / ____ / ____
Cardholder's signature	_____		
	Date	____ / ____ / ____	