



TOWN PLANNERS REGISTRATION BOARD
P.O. Box 77496, DAR ES SALAAM.
Tel: +255 22 2127976, +255 753 504 222,
Fax: +255 22 2112582, Website: http/tprb.go.tz



APPLICATION FOR REGISTRATION

(Made under regulation 4(1))

INDIVIDUAL REGISTRATION (FOREIGN)

PART A

1. Personal information:

Family Name First Name Other Names
.....

2. Current Postal Address (Local): Telephone No:
Email: Fax:

3. Physical Address (Local):
Plot No: Block: Street Name: Town/City:

4. Postal Address in Your Home Country:
Telephone No: Email: Fax:

5. Certification from your Embassy

We certify the information given above as true

Name and Signature of the Officer: Date: Official Stamp

6. TIN No: .....

7. Referees (must be registered by town planners):

Name (1): Signature: Tel. No.
Name (2): Signature: Tel. No.

8. Academic professional qualifications: .....

9. Experience in Town Planning and related activities:
.....

.....  
**10. Have you ever been de-registered with Town Planners Registration Board in the past? Yes/No**

If yes, why were you de-registered? .....

Previous registration number .....

**PART B**

**DECLARATION (To Be Signed by the Employers of the Applicant, Guarantor(s) Commissioner of Oaths)**

- i. My presence in Tanzania is under employment of .....
- ii. I'm required to be in Tanzania in connection with the proposed project known as .....
- iii. I understand and accept the condition that should my application be approved, I shall be bound by the conditions that are stipulated in respect of my registration and which shall essentially be related to the following:-
  - (a) My professional activities shall be limited to the specific project for which my application is related
  - (b) While in Tanzania, I shall not receive, process or undertake any inquiry or project, either directly or as an agent for my firm, beyond those activities directly related to the specific project for which my applications relates
  - (c) I shall be bound by all provisions of the current Town Planners Registration Act No. 7 of 2007 and Regulations.
- iv. That I undertake to pay all statutory fees including annual subscription fee in respect on my practice while herein Tanzania. In case of default in respect of the payment of statutory fee my Guarantor shall be responsible to settle the full outstanding statutory fees Board. The name, Signature and address of my Guarantor(s) is provided here below:-

**Guarantor(s) name:** .....of

P.O. Box ..... Tel No: .....

Mobile:.....Fax:..... Email:.....

Located on Plot No: .....Block: .....Street: .....District:.....

Declare to be guarantor of Mr./Mrs./Ms.....

In respect of item IV herein above mentioned

Witnessed by Commissioners for Oaths: Name: .....

Signature and Stamp: .....

.....

- v. I hereby certify to the best of my knowledge that the information contained in are true and correct

.....  
Name of the Applicant

.....  
Signature

.....  
Date

**PART C  
FOR OFFICIAL USE**

Application Reference No: .....

Application Fee Receipt No: .....

Approved/Not Approved .....

Remarks: .....

.....

.....

Registration No: .....

Officer: .....

Signature: .....

Date: .....