

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))

FIRM REGISTRATION (FOREIGN)

PART A

1.	Firm's Name:				
2.	Current Postal Address: Telephone No:				
	Email: Fax:				
3.	TIN No:				
4.	Telephone No: Email: Fax:				
5.	Physical Address (Local):				
	Plot No: Block: Street Name: Town/City:				
6.	Postal Address in Your Home Country:				
	Telephone No: Email: Fax:				
7.	Certification from your Embassy				
	We certify the information given above as true				
	Name and Signature of the Officer: Date: Official Stamp				
8.	TIN No:				
9.	Referees (must be registered by town planners):				
	Name (1):				

10. Particulars of share holders/Directors

Name	Nationality	Position	Academic professional qualifications	Experience in Town Planning and related activities

11.	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.	Our presence in Tanzania is under employment of
ii.	We are required to be in Tanzania in connection with the proposed project known
	as

- iii. We understand and accept the condition that should my application be approved, we shall be bound by the conditions that are stipulated in respect of our registration and which shall essentially be related to the following:-
 - (a) Our professional activities shall be limited to the specific project for which our application is related
 - (b) While in Tanzania, we shall not receive, process or undertake any inquiry or project, either directly or as an agent for our firm, beyond those activities directly related to the specific project for which our applications relates

	Act No. 7 of 2007 and Regulations.		
iv.	That we 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 our 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: 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:		
	T		
	In respect of item IV herein above mentioned		
V.	I hereby declare to the best of my knowledge that the information contained in are		
	true and correct		
Naı	me of the Applicant Signature Date		
Position in the firm			

(c) We shall be bound by all provisions of the current Town Planners Registration

PART C FOR OFFICIAL USE

Application Reference No:
Application Fee Receipt No:
Approved/Not Approved
Remarks:
Registration No:
Officer:
Signature:
Date: