



# The Nigerian Institute of Quantity Surveyors

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## APPLICATION FOR REGISTRATION OF QUANTITY SURVEYING PRACTICE

### PART 1

#### 1.1 THE PRACTICE NAMES (If Business is carried on under two or more names each of those names should be stated)

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#### 1.2 THE GENERAL NATURE OF PRACTICE

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#### 1.3 REGISTERED ADDRESS OF PRACTICE

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#### 1.4 REGISTERED POSTAL ADDRESS OF PRACTICE

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#### 1.5 PARTICULARS OF REGISTRATION UNDER THE COMPANIES AND ALLIED MATTERS ACT 1990 OR REGISTRATION OF BUSINESS NAMES ACT OF 1994

REGISTRATION NUMBER
OTHER PARTICULARS

#### 1.6 DATE OF COMMENCEMENT OF PRACTICE

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#### 1.7 ADDRESS OF BRANCH OFFICES

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**1.8 PARTICULARS OF AFFILIATION WITH OTHER FIRMS IN NIGERIA OR ABROAD**

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**1.9 IS THE PRACTICE SOLE PROPRIETOR, PARTNERSHIP OR CORPORATE**

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**1.10 NUMBER OF PARTNERS OR DIRECTORS**

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**PART 2 CURRICULUM VITAE OF PRINCIPAL PARTNER**  
*(Detailed C.V. of principal and other Partners to be attached)*

<b>2.1 (a)</b> Full Name	
<b>(b)</b> Previous /Maiden Name	
<b>(c)</b> Age	
<b>(d)</b> Academic Qualification	
<b>(e)</b> Professional Qualification	
<b>(f)</b> Post Qualification Exeprience	
<b>(g)</b> NIQS Membership Registration No	
<b>(h)</b> NIQS Election Date	
<b>(i)</b> Q.S.R.B.N. Registration No Date of Registration	

**16 DESCRIBE TYPES OF CONTRIBUTION MADE TO NIQS BENEVOLENT ACTIVITIES SINCE YOUR ELECTION AS A MEMBER**

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**17 DECLARATION**

I,
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PLEDGE TO CONDUCT MYSELF

STRICTLY IN COMPLIANCE WITH THE RULES OF CONDUCT AND TO ABIDE BY THE LAWS OF THE NIGERIAN INSTITUTE OF QUANTITY SURVEYORS AND AS MAY BE AMENDED THEREAFTER.

SIGNATURE

DATE

18 REFEREES: NOTE \* THE ORIGINAL CERTIFICATES MUST BE SIGHTED BEFORE ATTESTATION BY SIGNING ON THE PHOTOCOPIES  
(TWO REFEREES MUST BE FINANCIAL QUALIFIED MEMBERS OF THE INSTITUTE)

i	NAME (IN FULL):	
	MEMBERSHIP GRADE:	MEMBERSHIP NO:
	SIGNATURE:	DATE:
	TEL NO(S)	E-MAIL

ii	NAME (IN FULL):	
	MEMBERSHIP GRADE:	MEMBERSHIP NO:
	SIGNATURE:	DATE:
	TEL NO(S):	E-MAIL

**STATE CHAPTER CHAIRMAN / SECRETARY**

*(ONLY CHAIRMAN OR SECRETARY SHOULD SIGN THIS PORTION)*

NAME:
STATE:
E-MAIL:
DESIGNATION:

DATE:
TEL NO:
SIGNATURE:

**FOR SECRETARIAT USE ONLY**

		DATE	INITIALS
1	APPLICATION FORM RECEIVED		
2	APPLICATION FORM ACKNOWLEDGED		
3	APPLICATION FORM PASSED TO MEMBERSHIP CTTEE		
4	RECOMMENDATION TO THE EXECUTIVE COUNCIL		
5	APPROVAL BY EXECUTIVE COUNCIL		
6	NOTIFICATION OF APPROVAL		
7	ENROLMENT FEE RECEIVED		
8	MEMBERSHIP NUMBER		
9	PUBLISHED IN "THE QUANTITY SURVEYORS"		

MEMBERSHIP COMMITTEE :	APPROVED	NOT APPROVED
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COMMENT:
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*CHAIRMAN- MEMBERSHIP COMMITTEE*

*SECRETARY- MEMBERSHIP COMMITTEE*