



NIGERIAN INSTITUTE OF QUANTITY SURVEYORS

The professional construction cost managers

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APPLICATION FOR REGISTRATION OF QUANTITY SURVEYING PRACTICE FIRM

PART 1

1.1 THE PRACTICE NAME

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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 REGISTRATION WITH CORPORATE AFFAIRS COMMISSION

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1.7 DATE OF COMMENCEMENT OF PRACTICE

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1.8 ADDRESS OF BRANCH OFFICE(S)

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1.9 PARTICULARS OF AFFILIATION WITH OTHER FIRMS IN NIGERIA OR ABROAD

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1.10 FIRM OWNERSHIP STRUCTURE *(Please Mention whether it is a Sole Proprietorship, Limited Liability Partnership, Limited Partnership, Company: (Private Company Limited by Shares, Public Company Limited by Shares, Company Limited by Guarantee and Unlimited Company))*

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1.11 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)

2.1

(a)	Full Name	
(b)	Previous/Maiden Name	
(c)	Age	
(d)	Academic Qualification	
(e)	Professional Qualification	
(f)	Post Qualification Experience	
(g)	NIQS Membership Number	
(h)	NIQS Membership Election Date	
(i)	Q. S. R. B. N. Registration Number	
(j)	Q. S. R. B. N. Registration Date	

2.2 ACTS OF BENEVOLENT TO NIQS *(DESCRIBE TYPES OF CONTRIBUTIONS MADE SINCE YOUR ELECTION AS A MEMBER)*

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2.3 DECLARATION

I,

PLEDGE TO CONDUCT MYSELF STRICTLY IN COMPLIANCE WITH THE RULES OF CONDUCT AND TO ABIDE BY THE CONSTITUTION AND CODE OF ETHICS AND PROFESSIONAL CONDUCT OF NIGERIAN INSTITUTE OF QUANTITY SURVEYORS AS MAY BE AMENDED THEREAFTER.

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SIGNATURE

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DATE

2.4 REFEREES: NOTE *THE ORIGINAL CERTIFICATES MUST BE SIGHTED BEFORE ATTESTATION BY SIGNING ON THE PHOTOCOPIES (BOTH REFEREES MUST BE CORPORATE MEMBERS WHO ARE FINANCIALLY UP-TO-DATE)

i	NAME (IN FULL):	
	MEMBERSHIP GRADE:	MEMBERSHIP NUMBER:
	SIGNATURE:	DATE:
	PHONE NUMBER:	EMAIL:

ii	NAME (IN FULL):	
	MEMBERSHIP GRADE:	MEMBERSHIP NUMBER:
	SIGNATURE:	DATE:
	PHONE NUMBER:	EMAIL:

2.5 STATE CHAPTER CHAIRMAN/SECRETARY
(ONLY CHAIRMAN OR SECRETARY SHOULD SIGN THIS PORTION)

NAME:	
STATE:	DATE:
E-MAIL:	PHONE NUMBER:
DESIGNATION:	SIGNATURE:

PART 3 FOR SECRETARIAT USE ONLY

S/NO.	DETAILS	DATE	INITIALS
1	APPLICATION FORM RECEIVED		
2	APPLICATION FORM ACKNOWLEDGED		
3	APPLICATION FORM PASSED TO MEMBERSHIP COMMITTEE		
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

COMMENT:

(NAME, SIGN & DATE)
CHAIRMAN- MEMBERSHIP COMMITTEE

(NAME, SIGN & DATE)
SECRETARY- MEMBERSHIP COMMITTEE