

08 Koch Street, Klein-Windhoek, NAMIBIA Tel: 061-401813  
Email: [secretary@ncaqs.org](mailto:secretary@ncaqs.org)

### NCAQS NEW PRACTICE APPLICATION

Practice Name:

Telephone No:

Facsimile:

Email:

Postal Address:

Physical Address:

VAT registration No:

**NOTE: COMPLETE, ATTACH REQUIRED DOCUMENTS & E-MAIL TO [secretary@ncaqs.org](mailto:secretary@ncaqs.org)**

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**Registered Principal Namibian Member**

Surname	Name	NCAQS #	Email & Mobile

**Registered Principal Foreign Member**

Surname	Name	NCAQS #	Email & Mobile

**Other registered Namibian Member (non-principal)**

Surname	Name	NCAQS #	Email & Mobile

**Other registered Foreign Member (non-principal):**

Surname	Name	NCAQS #	Email & Mobile

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**Registered Namibian In-Training Member:**

Surname	Name	NCAQS #	Email & Mobile

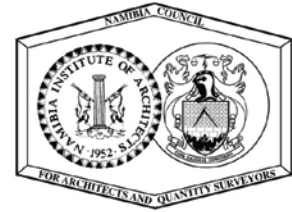
**Registered Foreign In-Training Member:**

Surname	Name	NCAQS #	Email & Mobile

**DATE SUBMITTED:** \_\_\_\_\_

# THE NAMIBIA COUNCIL FOR ARCHITECTS AND QUANTITY SURVEYORS

P O Box 90947 \* WINDHOEK \* Telephone (+26461) 401 813 \* Fax(+26461) 401 814



## TOGETHER WITH THE COMPLETED "NCAQS NEW PRACTICE", PLEASE SUBMIT THE FOLLOWING INFORMATION:

1. Practice Letterhead
2. Proof of Professional Indemnity Insurance (Min. 1 Million)
3. Proof of Registration with Receiver of Revenue
4. Proof of form of Practice
5. Practice letterhead
6. Proof of Physical Practice Address (fitness certificate from COW)
7. NIA/INQS membership certificate for practice principals
8. Admin Fee (N\$5,000.00 Namibian dollars for New Practices & N\$2,500.00 for Amendments to an existing Practice)

## PLEASE TAKE NOTE THE FOLLOWING:

1. New practices are required to submit a non-refundable application fee of N\$ 5,000.00 & N\$2,500.00 for Amendments to an existing Practice.
2. Once approved, it is the responsibility of the Principal Member/s to update and inform NCAQS of any changes in their Practice details.
3. Once approved, annual practice levies will revert to NIA/INQS.
4. This form must be completed and signed by all principal member/s.

I, (full name) \_\_\_\_\_,

of Practice (full practice name) \_\_\_\_\_,

as principal member/s declare I am authorized to sign and confirm that the above facts are to the best of my belief, true and correct.

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Principal Signature

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Principal Signature

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Principal Signature

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Principal Signature