



**THE NAMIBIA COUNCIL FOR ARCHITECTS
AND QUANTITY SURVEYORS**

RE-MARK

ASSESSMENT OF PROFESSIONAL COMPETENCE

FEES: N\$ 2000.00 (NON-REFUNDABLE) (VAT INCLUSIVE)

For Office use only:

NCAQS no: _____

NIA/INQS no: _____

Date of reg: _____

Duration of Training period: _____

Receipt no: _____

INFORMATION OF APPLICANT:

Full name and surname: _____

Contact details: _____

Telephone Number (Work)

Cell Phone Number

E-mail address

Postal address

Current Employer: _____

PLEASE NOTE:

1. **NO** application forms will be accepted without payment of the examination fees. Bank details below.
2. Application forms to be submitted within 14 (fourteen) days of receipt of their APC results.

SIGNATURE OF APPLICANT

DATE

REGISTRAR:

ACCEPTED:

REFUSED: