

Northern Territory Architects Board



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ANNUAL STATEMENT - ARCHITECTURAL PARTNERSHIP 2016/2017

To comply with the provisions of section 19A of the *Architects Act* **this statement must be completed and returned to the Northern Territory Architects Board in the month of July.**

NT Registered Architectural Partnership Number: **AR** _____

ABN: _____

Full name of
Architectural Partnership _____
(as registered under the
Business Names Act)

and street address: _____

State _____ P/Code _____

Partnership Postal Address: _____

State _____ P/Code _____

Business Tel: _____

Email Address: _____

Provide the full name and registration details of the partnership's partner who is:

- (1) an architect; and
- (2) responsible for managing the architectural practice of the partnership in the Territory and supervising the provision of architectural services provided by the partnership in the Territory.
(pursuant to section 14A(c) of the *Architects Act*)

AR _____

DETAILS OF MEMBERS OF THE PARTNERSHIP as at 30 June 2017

Full name of each Member and usual address	Is the Partner an Architect?	NT Registration Number
(a) _____ _____	Y / N	AR _____
(b) _____ _____	Y / N	AR _____
(c) _____ _____	Y / N	AR _____
(d) _____ _____	Y / N	AR _____

Other Locations of Practice (including Postal Address):

(a) _____

(b) _____

Responsible Architect:

Signature: _____ Date: _____

Full Name: _____ AR _____

<i>Office Use Only</i>	
Endorsed	_____
Not endorsed	_____
Data Base noted/ updated:	_____