

Northern Territory Architects Board



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DARWIN NT 0801
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Telephone: (08) 8936 4079

ANNUAL COMPANY STATEMENT 2016/2017

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

ABN: _____ **ACN:** _____

FULL NAME of
Architectural Company: _____

TRADING NAME (if any):

STREET ADDRESS: _____

State _____ P/Code _____

POSTAL ADDRESS: _____

State _____ P/Code _____

Business Tel: _____ m: _____

Email Address: _____

ADDRESS for the service of notices and publication in the Gazette. This address is to be the **REGISTERED OFFICE of the Company** for the purposes of the **Corporations Act 2001**:

State _____ P/Code _____

AR _____

DETAILS OF DIRECTORS as at 30 June 2017

Full name and usual address of each Director	Is the Director an NT Registered Architect?	NT Registration Number
Full Name: _____ Address: _____	Y / N	AR _____
Full Name: _____ Address: _____	Y / N	AR _____
Full Name: _____ Address: _____	Y / N	AR _____
Full Name: _____ Address: _____	Y / N	AR _____

** Provide the full name and registration details of the company director **or** employee who is:

- (1) an architect; and
- (2) **responsible for managing** the architectural practice of the company **in the Territory** and **supervising the provision of architectural services** provided by the company **in the Territory**.

(pursuant to section 14B(c) of the *Architects Act*)

** Responsible NT Registered Architect:

Signature: _____ Date: _____
(*responsible architect*)

Full Name: _____ AR _____

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