

# Northern Territory Architects Board



Level 3, NAB House  
71 Smith Street  
Darwin NT 0800

GPO Box 1154  
DARWIN NT 0801  
Email: ntab@nt.gov.au

www.architects.nt.gov.au  
Telephone: (08) 8936 4079

## ANNUAL STATEMENT

### PARTNERSHIP – 30 June 2018

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

NT Registered Architectural Partnership Number: **AR** \_\_\_\_\_

FULL NAME of  
Architectural **Partnership** \_\_\_\_\_

TRADING NAME (if any): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

State \_\_\_\_\_ P/Code \_\_\_\_\_

Partnership  
POSTAL ADDRESS: \_\_\_\_\_

State \_\_\_\_\_ P/Code \_\_\_\_\_

Business Tel: \_\_\_\_\_ m: \_\_\_\_\_

Email Address: \_\_\_\_\_

AR \_\_\_\_\_

**DETAILS OF MEMBERS OF THE PARTNERSHIP as at 30 June 2018**

Full name and usual address of each Member	Is the Partner an Architect?	NT Registration Number
--	------------------------------	------------------------

Full Name: _____	Y / N	AR _____
------------------	-------	----------

Address: \_\_\_\_\_

Full Name: _____	Y / N	AR _____
------------------	-------	----------

Address: \_\_\_\_\_

Full Name: _____	Y / N	AR _____
------------------	-------	----------

Address: \_\_\_\_\_

Full Name: _____	Y / N	AR _____
------------------	-------	----------

Address: \_\_\_\_\_

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

- (1) an architect (registered in the NT); 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*)

**\*\* Responsible NT Registered Architect:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

( *responsible architect* )

Full Name: \_\_\_\_\_ AR \_\_\_\_\_

*Office Use Only*

Data Base noted/ updated:

\_\_\_\_\_