

FORM 10
(reg. 13(2))

APPLICATION FOR A PRACTISING CERTIFICATE

Name:

Other Names:

Postal Address:

Telephone Number:

Registration No.

To:
The Registrar
Quantity Surveyors' Registration Council
Botswana

I, hereby apply for a Practising Certificate.

Date:

.....
Signature of Applicant

For Office Use Only

Date Received:

Signature of Registrar: