

**SRI LANKA INSTITUTE OF ARCHITECTS**  
**APPLICATION FOR APPROVAL OF NAME CLEARANCE FOR**  
**NEW PRACTICE REGISTRATION (2025/2026)**

(Please refer to Practice Registration Procedure attached before filling this application)

1. Name of the Practice : (Please write in BLOCK LETTERS)

2. Office Address :

3. Telephone (s)

4. E-mail

5. ARB Registration No:

Expiry Date:

6. Mode of Practice

Individual ***	Sole Proprietorship	Partnership	Limited Liability	Government Statutory Bodies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*\*\* SLIA encourages the members to register as Sole Proprietorship/ Partnership/ Limited Liability Practices instead of Individual Practice.

7. Qualifications of Directors/Individuals/Partners other than the Architects

Submit certified copies of relevant documents to prove Professional Qualifications.  
(Refer SLIA Extraordinary Gazette No. 2041/18 dated 17<sup>th</sup> October 2017)

Name	Proposed Designation	Professional Qualifications	Institution	Year of Award	Mem. No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Please submit following documents in respect of your Practice)

Partnership	A Draft of the Partnership Agreement documented as per SLIA Regulations.
Private Limited Liability	A Draft of the Articles of Association documented as per SLIA Regulations.

Office  
use  
only








(Applicants are advised to obtain Name Clearance prior to get the registration from the ROC).

8. If there is/are any other Practice/Practices Registered with SLIA where you are a Director /Partner/Proprietor, indicate the name of Practice, Mode & your status.

.....

.....  
Name of Applicant

.....  
Signature of Applicant

(ARB Seal)

Date : .....

### **CHECK SHEET FOR SUBMISSIONS**

**(To be filled by the Applicant)**

**For Office use only**

Practice Category	Document	√ / X	No. of Copies	Acknowledged by PAB
<i>Sole Proprietorship Practice</i>	*Copy of the ARB Registration Certificate ratified by the ARB Registrar			
	*Copy of the Professional Qualifications certificate ratified by the J.P.			
	*Affidavit to prove the Sri Lankan Citizenship.			
<i>Partnership Practice</i>	*Copy of the ARB Registration Certificate ratified by the ARB Registrar			
	*Copy of the Professional Qualifications ratified by J.P.			
	*Draft of the Partnership Agreement.			
	*Affidavit to prove the Sri Lankan Citizenship			
<i>Private Limited Liability</i>	*Copy of the ARB Registration Certificate ratified by the ARB Registrar.			
	*Copy of the Professional Qualifications ratified by J.P.			
	*Draft of the Articles of Association.			
	*Affidavit to prove the Sri Lankan Citizenship			
<i>Government Statutory Bodies</i>	*Copy of the ARB Registration Certificate ratified by the ARB Registrar			
	*Copy of the Professional Qualifications ratified by J.P.			
	*Affidavit to prove the Sri Lankan Citizenship			

## **INSTRUCTIONS TO APPLICANT**

1. Obtaining Corporate Membership.
2. Submit a Name Clearance Application form to Professional Affairs Board (PAB).

### **Requirements for Name Clearance:**

#### **Individual Practice:**

No name clearance required, (Only the name of the Architect can be used as the name of the Individual Practice) duly filled Practice Registration Application form along with certified copy of the ARB Certificate & Professional Qualifications..

**(SLIA encourages the members to register as Sole Proprietorship/Partnership/ Limited Liability Practices instead of Individual Practice).**

#### **Sole Proprietorship:**

Duly filled Name Clearance Application form along with certified copy of the ARB Certificate & Professional Qualifications..

#### **Partnership:**

Duly filled Name Clearance Application form along with certified copy/copies of the ARB Certificate, Professional Qualifications. and the draft partnership agreement.

#### **Private Limited Liability:**

Duly filled Name Clearance Application form along with certified copy/copies of the ARB Certificates, Professional Qualifications and the Draft Articles of Association.

#### **Government Statutory Bodies:**

Duly filled Name Clearance Application form along with certified copies of the ARB Certificates of the architects attached to the Statutory Body. (Application should be made by the Head of the Architectural Division, who shall be a Chartered Architect who is a member of SLIA).