

SRI LANKA INSTITUTE OF ARCHITECTS

APPLICATION FOR REGISTRATION OF CONSULTANCY PRACTICE 2025/2026

(Please refer to the instructions at the end of the application before filling this application)

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

2. Office Address :

3. Telephone (s)

4. Fax (es)

5. E-mails (s)

6. Website

7. Mode of Practice (Please mark X at the appropriate cage)

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

*** SLIA would always encourage the members to register Sole Proprietorship/Partnership/
/ Limited Liability Practices instead of Individual Practice.

(Please submit the following documents in respect of your Practice)

7.1	Individual ***	Attached true copy of the ARB Registration Certificate.
7.2	Sole Proprietorship	Attached true copy of the Business Registration Certificate.
7.3	Partnership	Attached true copy of the Partnership Agreement documented as per SLIA Regulations.
7.4	Private Limited Liability	Attached true copies of the Business Registration Certificate and Certified copy of the Articles of Association documented as per SLIA Regulations.

8. ARB Registration Details of Architects/Directors/Partners

Name of Individual/Partner/ Director	ARB No.	Expiry Date of ARB 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"/>

Office
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only
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9. **Qualifications of Directors/Individuals/Partners other than the Architects**
(Applicable for above 7.3 and 7.4 only). Please submit certified copies of relevant documents to prove their Professional Qualifications. Professional qualifications of allied professions only.

Name	Designation	Professional Qualifications	Year of Award	Mem. No.

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

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The Architectural practice is expected to practice following the SLIA Acts and the Regulations (Under Clause 1.2 Practice of Architecture of Gazette No. 2053/15 - Tuesday, January 09, 2018) and the subsequent Regulations.

I, Archt.
 in the capacity of Individual Practitioner/Sole Proprietor/Partner in our Partnership/Director of the Limited liability Company of the said Practice and being a Member of SLIA hereby declare that the facts set out in support of this application are true, and I further state that the proposed practice will be carried out according to the SLIA Code of Professional Conduct and Subject to the Practice Regulations, currently in force.

I/We understand that including this information in the Year Book is a privilege of SLIA and SLIA's decision is the final decision.

Name of Architect (Individual Practitioner/ Sole Proprietor/ Principal Partner/ Director)

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Signature:

Date :

(Seal)

Notes:

1. SLIA reserves the right not to register a Practice if it does not comply with the Regulations.
2. It is the Members' responsibility to furnish accurate details and SLIA shall not be held responsible for any inaccuracy or discrepancy arising in publishing such information.
3. This approval is valid only for the mode of Practice mentioned in the application.
A separate application shall be forwarded for approval if the Mode of Practice is altered.
4. Please refer to the SLIA Practice Regulations 6.1.1 up to 6.3.5. of the Gazette No. 2041/18 dated 17th October 2017 attached herewith.
5. A Registration Fee of Rs. 1,100/- + VAT is payable for all new practices.

CHECK SHEET FOR SUBMISSIONS

(To be filled by the Applicant)

For Office use only

Practice Category	Document	(√)/(X)	No. of copies attached	Acknowledged by PAB
7.1 Individual	* Copy of the ARB Registration Certificate ratified by the ARB Registrar			
	* Copy of the Certificate of Professional Qualification ratified by a JP			
	*Affidavit to prove the Sri Lankan Citizenship			
7.2 Sole Proprietorship	* Copy of the ARB Registration Certificate ratified by the ARB Registrar			
	* Copy of the Business Registration Certificate ratified by a JP			
	* Copy of the Certificate of Professional Qualification of Directors ratified by a JP			
	*Affidavit to prove the Sri Lankan Citizenship			
7.3 Partnership	* Copy of the ARB Registration Certificate ratified by the ARB Registrar			
	* Partnership Agreement			
	* Copy of the Certificate of Professional Qualifications ratified by a JP			
	* Copy of the Business Registration ratified by a JP			
	*Affidavit to prove the Sri Lankan Citizenship			
7.4 Private Limited Liability	* Copy of the ARB Registration Certificate ratified by the ARB Registrar			
	* Copy of the Business Registration Certificate ratified by a JP			
	* Copy of the Articles of Association ratified by a JP			
	* Copies of the Certificate of Professional Qualification of Directors ratified by a JP			
	*Affidavit to prove the Sri Lankan Citizenship			

Signature of the Applicant:

Date:

(Seal)

INSTRUCTIONS

- * 1 to 8 are self-explanatory.
- * 9. Directors / Individuals / Partners shall be from allied Professionals such as construction industry-related engineering, quantity surveying, urban design, interior design, landscape architects, planners etc.
- * 10. Please clearly indicate your involvement or if you are not involved clearly indicate “NOT INVOLVED”