



THE NAMIBIA COUNCIL FOR ARCHITECTS AND QUANTITY SURVEYORS

APPEAL FORM

ASSESSMENT OF PROFESSIONAL COMPETENCE

**THE PRESIDENT
THE NAMIBIA COUNCIL FOR ARCHITECTS AND QUANTITY
SURVEYORS**

DATE OF SUBMISSION FOR APPEAL: _____

DATE OF COUNCIL REASSESSMENT NOTIFICATION: _____

INFORMATION OF APPLICANT:

Full name and surname: _____

Contact details: _____ Telephone Number (Work)

_____ Cell Phone Number

_____ E-mail address

_____ Postal address

Current Employer: _____

I, name of candidate: _____ -hereby acknowledge and agree
that THE PRESIDENT'S DECISION WILL BE FINAL AND BINDING.

PLEASE NOTE:

1. Application forms to be submitted within 14 (fourteen) days of council notification of re-assessment

SIGNATURE OF APPLICANT

DATE