



KWAZULU-NATAL
AMAFA
& RESEARCH INSTITUTE

APPLICATION FOR INCLUSION IN THE KWAZULU-NATAL REGISTER OF HERITAGE ARCHITECTS AND ARTISANS

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

_____ CODE: _____

_____ VAT NO. _____

TEL: _____ FAX: _____

CELL: _____ E-MAIL ADDRESS: _____

PROFESSION/JOB TITLE: _____

QUALIFICATIONS: _____

EXPERIENCE: _____ (NUMBER OF YEARS)

PROFESSIONAL ASSOCIATION MEMBERSHIP: _____

_____ REG. NO. _____

EXPERIENCE IN HERITAGE ARCHITECTURE (RESTORATION, CONSERVATION, ADAPTIVE RE-USE, ETC. CONTINUE ON SEPARATE SHEET IF NECESSARY)

OTHER INVOLVEMENT IN ARCHITECTURAL CONSERVATION: _____

SIGNATURE: _____ DATE: _____