

Practice details

The information here will be used to form your basic entry in the online and printed RIBA Directory of Chartered Practices.

Address _____

 Postcode _____
 Telephone _____
 Fax _____
 Email _____
 Website _____

Contact (Must be an RIBA Chartered Member) _____

Practice name as it will appear in the directory (e.g. The ABC Practice = ABC Practice, The) _____

Please tick practice type

LLP Ltd Partnership
 Sole Practitioner Other

Date established | |

Please state below the details of ALL ARB Architects and CIAT RIBA Affiliate and Associate Members in your office. If you require more space, please attach an additional sheet to this form and return to the RIBA.

Did this practice arise as a result of a merger?

Yes If Yes, please list practices merging on a separate sheet

First name/surname	Director	Partner	Staff	ARB number	RIBA number
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Total number of ALL full time staff

Total number of ALL part time staff

Total number of RIBA Chartered Members in your practice

Total number of ARB, Associate Members and CIAT Affiliate Members in your practice

Total number of all staff employed in your practice

Payment Method

See page 9 to calculate the registration fee. You will be sent a VAT receipt by return post.

Please debit my Visa Mastercard Maestro card or I enclose a cheque payable to the RIBA

£ _____

Card number | Expiry date Valid from

|

For Maestro, use the long number from the middle of your card and put the issue number below

Issue no. (Maestro only) Name of card holder _____

Card holder's signature _____ Date _____