



FORM 12 (Reg. 16(1))

APPLICATION FOR RENEWAL OF A PRACTISING CERTIFICATE

| Names: | |
|--|---------------------------------|
| Employer: | |
| Physical Address of | |
| Employer: | |
| (Not Residential) | |
| Telephone Number: | |
| Registration No.: | |
| To: | |
| The Registrar | |
| Quantity Surveyors' Registration Council | |
| Botswana | |
| | |
| I, | hereby apply for the renewal of |
| | |
| my Practising Certificate which expires/expired onde | ay of202 |
| Date: | |
| | |
| Signature of Applicant | |
| For office Use Only | |
| For office Use Only | |
| Date Received: | |
| Receipt No.: | |
| Signature of Registrar | |
| Issued in terms of the Quantity Surveyors' Registration Act (Cap | p. 61:10) |