

Notification of Change of Recorded Details

Form.08

Architects Board of Western Australia

4 December 2025

Use of this Form

This form is to be used to notify the Board of changes to the registered, and recorded, details of natural persons and licensed corporations. It should be used in the following circumstances:

- change of name;
- change of contact details (no fee);
- change of directors or officers of a licensed corporation;
- change of responsible architect(s);
- removal from the register of defunct corporations (no fee);
- provision and update of insurance information (no fee); and
- advice of intention to amend a corporation's constitution.

For a change of name, a certified copy of a Deed Poll, Marriage Certificate or other relevant documentation must be attached. If the changed details relate to registered changes with the Australian Securities and Investment Commission (ASIC), a copy of the certificate issued by ASIC confirming the change must be attached.

If you are no longer practising architecture, or your qualifications have been withdrawn or cancelled, please contact the Board.

Certificate of Registration / Licence

A replacement registration / licence certificate will only be issued prior to annual renewal if there is a change of name for the natural person or corporation, or a change to the responsible architect(s) for a corporation.

Fees

The fee to amend particulars entered in the register is \$34 (GST free).

Payment Method

Payment of fee to amend particulars entered in the register (\$34) can be made by:

- cheque made payable to Architects Board of WA;
- Visa or MasterCard; or
- eftpos at the Board's office.

Privacy laws and use of this information

Information requested by the Board is strictly confidential. Only that information which is available for publication on the register may be provided to other registration authorities and to the public.

Further Information

Please contact the Board if you require further information:

T. (08) 9287 9920
E. info@architectsboard.org.au
architectsboard.org.au



Architects Board
of Western Australia

33 Broadway
Nedlands WA 6009

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E. info@architectsboard.org.au
architectsboard.org.au

Natural Person
Change of Name

Previous Name

Previous Trading Name (if applicable)

New Name

New Trading Name (if applicable)

Registration Number

Description of proof of name change that accompanies
this form

Change of Contact Details

Name

New Address

_____ Postcode _____

Work Phone _____

Mobile _____

Home Phone _____

Email _____

Corporation
Change of Name

Previous Corporation Name

Previous Trading Name (if applicable)

New Corporation Name

New Trading Name (if applicable)

Licence Number

ABN

ACN

Change of Contact Details

Name of Corporation

New Address

_____ Postcode _____

Contact Person _____

Phone _____

Mobile _____

Email _____



Change of Company Director

Name of Corporation

If there are changes to the company director(s) of a licensed corporation, a copy of an ASIC certificate confirming the registered changes of director(s), and curriculum vitae for new directors, must be submitted with this form.

Add Details of New Director(s)/Officer(s) Director/Officer 1

Full Name

Address

_____ Postcode _____

Architects Board of WA Registration Number (if applicable)

1. Have you been convicted of any offence in this State, or elsewhere, which has not been dealt with by a spent conviction order?
 Yes No
2. Do you have any prosecutions pending against you?
 Yes No
3. Are you, or have you previously been, registered as an architect in any State or Territory?
 Yes No
4. If you answered "Yes" to question 3:
 - (a) has your registration ever been suspended or cancelled?
 Yes No
 - (b) have you ever been dealt with for misconduct?
 Yes No
 - (c) are there any unresolved complaints pending against you?
 Yes No

5. Have you ever been a director, officer, shareholder or employee of a corporation which has been the subject of disciplinary proceedings for the contravention of any statute in WA or any other jurisdictions?
 Yes No

6. Are there any other matters which may be relevant to your suitability as a director of a licensed architectural corporation about which the Board should be informed?
 Yes No

If you have answered "Yes" to any of the above, excluding question 3, please provide details in a sealed envelope and submit with this application.

I certify that the information supplied by me on this form is true and correct.

Signature

Director/Officer 2

Full Name

Address

_____ Postcode _____

Architects Board of WA Registration Number (if applicable)

1. Have you been convicted of any offence in this State, or elsewhere, which has not been dealt with by a spent conviction order?
 Yes No
2. Do you have any prosecutions pending against you?
 Yes No
3. Are you, or have you previously been, registered as an architect in any State or Territory?
 Yes No



4. If you answered "Yes" to question 3:
- (a) has your registration ever been suspended or cancelled?
- Yes No
- (b) have you ever been dealt with for misconduct?
- Yes No
- (c) are there any unresolved complaints pending against you?
- Yes No
5. Have you ever been a director, officer, shareholder or employee of a corporation which has been the subject of disciplinary proceedings for the contravention of any statute in WA or any other jurisdictions?
- Yes No
6. Are there any other matters which may be relevant to your suitability as a director of a licenced architectural corporation about which the Board should be informed?
- Yes No

If you have answered "Yes" to any of the above, excluding question 3, please provide details in a sealed envelope and submit with this application.

I certify that the information supplied by me on this form is true and correct.

Signature

Please attach separate pages for additional directors.

Remove Company Director

Full Name

Full Name

Full Name

Full Name

Full Name

Change of Responsible Architect(s)

Name of Corporation

Add New Responsible Architect(s)

At least one registered architect, who is an officer or employee of the corporation, must have ultimate responsibility for the architectural work done by the corporation.

By signing below, the architect(s) consent to being the person(s) who will have ultimate responsibility for the architectural work to be done by the corporation.

Full Name

Registration Number

I consent to being a responsible architect for the corporation.

Signature

Full Name

Registration Number

I consent to being a responsible architect for the corporation.

Signature

Full Name

Registration Number

I consent to being a responsible architect for the corporation.

Signature

Please attach separate pages if required.

Remove Responsible Architect(s)

Full Name

Registration Number

Full Name

Registration Number

Full Name

Registration Number

Voluntary Removal of Corporation from the Register

Name of Corporation

Licence Number

Date Ceased Trading

Amend Corporation's Constitution

If amending the corporation's constitution, please attach a copy of the proposed resolution.

Name of Corporation

Trading Name (if applicable)

Licence Number

Update Insurance Information

Please attach a copy of the professional indemnity insurance certificate of currency showing the amount (minimum \$1,000,000) and period of cover.

Name

Name of Employer (if applicable)



Supporting Documentation Required

Please attach the following documents to this application form:

- Proof of change of name (if applicable);
- ASIC Company Statement showing any changes to the names of directors (if applicable);
- Curriculum vitae for new directors (if applicable);
- Copy of professional indemnity insurance certificate of currency (if applicable); and
- Proposed resolution if amending constitution (if applicable).

Submission of Application

This application form and supporting documents can be provided to the Board as original documents or by email.

Details of Person who Completed this Form

Full Name

Signature

Position Held

Date

Payment

Fees can be paid using one of the following methods:

Cheque

Send cheque made payable to the Architects Board of WA.

Credit Card

Visa Mastercard

Card Number

Expiry Date

Name on Card

Amount Payable

Cardholder's Signature

Date

Cardholder's Daytime Phone Number

In Person

Credit card and eftpos payments can be made at the Board's office between 9am and 4pm, Monday to Friday.

