



PRACTICE OF THE PROFESSION OF ARCHITECT
must be completed by each architect partner

Surname: Forename:

National registration N°:

Exclusive practice within company yes
 no

If not,

1/ State the other form(s) of practice authorised by the company statutes or by decision of partners that you may practice independently
(submit general meeting minutes)

libéral (including auto-entrepreneur and EIRL)

partner of one or more other architecture companies
Business name(s) and their National registration number(s)

.....
.....
.....

architect employee

Name or business name of employer

Submit statement from employer stating your status and commencement date with company

civil servant/public employee

Name or business name of employer

Practice in Conseil d'Architecture, d'Urbanisme et d'Environnement (CAUE)

Which CAUE

Other business activity

Which business

2/ Business address to figure on Ordre Register of Architects

Main business address of company

Address of other form of practice

What form:

Address:
.....

3/ Indicate postal address to receive Ordre correspondence

Main business address of company

Address of other form of practice

What form:

Address:
.....

Private address

Residence

Street

Known as

Postcode Town

Telephone Mobile Fax

Email Website

Signed in

Date

Signature