



THE ASSOCIATION OF CONSULTING ENGINEERS OF NAMIBIA
ANNUAL DECLARATION – 2016/2017
EXPLANATORY NOTES

Annual declaration:

1. A Mandated Principal is defined in Clause 2.1.7 of the Constitution as “*a Principal who has been given a mandate by the fellow Principals of their firm to sign documents and make undertakings on behalf of their firm in its capacity as a Member of the Association.*”

It is understood that the Mandated Principal will be responsible to relay any information, request, communication or any other matter received from the Association to the Principals from whom he has received the mandate and to respond as necessary to the Association.

This application must be completed and signed by the Mandated Principal.

A copy of the resolution appointing the Mandated Principal must be attached to the declaration.

2. Where a group of firms work in association or are held by a single holding company, each firm constituting a separate legal entity needs to complete a full Annual Declaration and has to appoint its own Mandated Principal.
3. Confirmation of Professional Indemnity Insurance from the appropriate broker must be attached.

Form 1

4. Form 1 is to be read in conjunction with Form 2 and Form 3 per office within Namibia. Please duplicate the 3 forms as necessary for this purpose.

Form 2

5. Make duplicates of this form as necessitated by your staffing.
6. State the full Engineering Council of Namibia (ECN) registration number including the extension to indicate training status.
7. The field of experience is the field in which the individual is registered with the ECN – i.e. one only of; agricultural, aeronautical, chemical, civil, electrical, electronic, marine, mechanical, mining or power.
8. Clause 2.1.5 of the Constitution regards a Principal as being a sole practitioner, a partner of a partnership, a member of a close corporation, a director of a company or any officer so designated by a Firm.
9. This form is necessary for the purposes of calculating membership fees. This information is also used by the Association when representing the Engineering sector to Government and other national stakeholders as well as to international bodies. **Your accuracy in this respect would therefore be appreciated.**

Form 3

10. Activities are not to be confused with the fields as defined in note 7.

Form 4

11. If your firm has international offices, whether branches or separate companies, this Form 4 only must be completed and Forms 2 and 3 need not be duplicated.

THE ASSOCIATION OF CONSULTING ENGINEERS OF NAMIBIA
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Name of firm

1. I declare that the firm whose details appear in this declaration (“the firm”) complies with the Constitution and By-laws of The Association of Consulting Engineers of Namibia.
2. I confirm that the firm has **Professional Indemnity Insurance** with a minimum of N\$ 750 000-00 in respect of any one claim as follows:

Name of insurer:

Amount of cover per claim:

3. I confirm that at least 50% of the partners/members/directors of this firm are Engineers registered with the Engineering Council of Namibia, as defined in Clauses 2.1.4 and 2.1.6 of the Constitution.
4. I confirm that the Principals and/or staff, who are Engineers registered with the Engineering Council of Namibia, have the necessary qualifications and experience in respect of each of the fields of expertise claimed on Form 2.
5. I confirm that the details of Principals (both Registered and Non-registered) and the number of personnel reflected are correct at 31 January 2016.
6. I confirm that the firm is familiar with, and complies with, the requirements in Clause 1.1 of the By-Laws in regard of professional practise.
7. I confirm that the firm is familiar the Code of Conduct of the Association which is applicable to member firms.

FORM OF THE MEMBER FIRM:

- Sole Practitioner - Proprietary Limited Company - Partnership
- Limited Company - Close Corporation
- Other (please specify): _____

Full name of Mandated Principal
(block letters):

Signature

Date

FORM 1: DETAILS OF OFFICE WITHIN NAMIBIA

Head Office

Only Office

Branch Office

Subsidiary Company

(TICK APPLICABLE BOX)

Contact information:

Name of firm

Name of office

Physical address

Postal address

Telephone number with code

Fax number with code

E mail address

Web page

If subsidiary company state name of holding company:

Person in charge of office:

Name:

Qualification:

ECN registration number:

Status of office:

If there is at least one person registered with ECN as a professional or incorporated engineer in **full** time supervision of the office:

Full time:

If there is at least one person registered with ECN as a professional or incorporated engineer in **part** time supervision of the office:

Part time:

Declaration as correct

Signed by Mandated Principal

Date

FORM 2: DETAILS OF STAFF AT OFFICE INDICATED IN FORM 1

Details of Professional Engineers and Incorporated Engineers (Fully registered OR In-Training)

** see explanatory notes*

Name	ECN registration number *	Field(s) of experience *	Position in firm	Indicate if principal *

Details of Engineering Technicians (Fully registered OR In-Training)

Name	ECN registration number *	Field(s) of experience *	Position in firm	Indicate if principal *

Details of other professional or technical staff

Name	Registration *	Field(s) of experience *	Position in firm	Indicate if principal *

Total staff at this office

Total of professional and incorporated engineers whether fully registered or in training	
Total of engineering technicians whether fully registered or in training	
Total of other professional or technical staff	
Other staff	
Total staff	

Declaration as correct

Signed by Mandated Principal _____ Date _____

FORM 3: FIELDS OF EXPERIENCE AT OFFICE INDICATED IN FORM 1

Activity	Registered person	Most recent project (date)
<i>Engineering</i>		
Acoustics		
Agriculture		
Building services		
Chemical		
Civil		
Development		
Electrical		
Electronic		
Environmental		
Geotechnical		
Industrial		
Mechanical		
Marine		
Mining		
Process engineering		
Structural		
Transportation		
Water		
<i>Other</i>		
Architecture		
Land surveying		
Project Management		
Quantity Surveying		
Town Planning		
Insurance claim		
Information systems		
Facility management		
Maintenance management		
GIS		

Declaration as correct

Signed by Mandated Principal _____

Date _____

FORM 4: DETAILS OF OFFICE OUTSIDE NAMIBIA

Contact information:

Name of firm _____

Name of office _____

Physical address _____

Postal address _____

Telephone number with code _____

Fax number with code _____

E mail address _____

Web page _____

If subsidiary company state name of holding company:

Person in charge of office:

Name: _____

Qualification: _____

Local registration number: _____

Total staff at this office

Total of professional and incorporated engineers whether fully registered or in training	
Total of engineering technicians whether fully registered or in training	
Total of other professional or technical staff	
Other staff	
Total staff	

Declaration as correct

Signed by Mandated Principal _____ Date _____