"Confidential and without Prejudice"

ZAMBIA INSTITUTE OF ARCHITECTS

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Lusaka, Zambia
Tel +260 977801229
Email: secretariat@zia.org

Receipt No. ____

AMNESTY FORM

PROJECT DETALS

Project Name and Client

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Project Location:

.....

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Project Type:

.....

.....

Planning Authority:

.....

Project Number:

.....

Total Project
Value/Contract Sum:.....

Contract Period

.....

Start Date: …… Finish Date: ……..

Name of Contractor: .....

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Project Architect/Firm: .....

Project Consultants:

1.....

2.....

3.....

4.....

Summary of the Project:

.....

.....

.....

NATURE OF PROJECT (Mark X):

Local ☐ JV ☐ PPP ☐ GRZ ☐

PROJECT LOCATION

Plot/stand No.: Block No:

Street: Village:

Suburb/Area/Township: District/Town:

Province:

Landmark feature in the neighborhood to the project (e.g. "Behind Manda Hill Mall" or "12km North of Chiefs Palace"):

.....

PROJECT CLIENT

Client Name: ……

Box: ……..

Mobile: Email: .....

City/Town: .....

Province: .....