



*This application form is valid from 1 April 2010 to 31 March 2011*

**SACAP/R0005**

**APPLICATION TO UPGRADE REGISTRATION**

**THE FOLLOWING MUST ACCOMPANY THE APPLICATION:**

- Certified copies of qualification (if not submitted at first registration)
- Curriculum Vitae with traceable references
- Proof of payment of **non-refundable** admin fee of **R1 286** (R1 128 + R158 VAT)

**Administration fee must be paid directly into SACAP's account. Proof of payment must accompany the application.**

**BANKING DETAILS**

FIRST NATIONAL BANK: RANDBURG BRANCH  
BRANCH CODE: 254005  
ACCOUNT NUMBER: 50411172203

**USE YOUR SACAP ACCOUNT NUMBER AS REFERENCE WHEN MAKING PAYMENT FOR THIS APPLICATION  
PROOF OF PAYMENT MUST ACCOMPANY THE APPLICATION**

**DETAILS OF CURRENT REGISTRATION**

Current category of registration	<input type="text"/>	Current registration number	<input type="text"/>
Date registered in current category	: D	: M	: Y

**REASON FOR UPGRADING**

Passed Professional Practice Exam written on	: D	: M	: Y	Underwent RPL on	: D	: M	: Y
Further qualification/s Obtained**	Qualifications obtained	Educational Institution	Date of final Examination				
<input type="text"/>							

\*\* A certified copy of the degree/diploma/certificate obtained must be attached to this application

**A: MEMBER DETAILS**

Surname:

First Names:

Title:  Prof  Dr  Mr  Mrs  Ms  Miss

Date of Birth: :  
D M Y

ID Number:

Passport Number:

Race:  Asian  Black  Coloured  White (for statistical purposes only)

Gender: 

Male	Female
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Are you Disabled? 

YES	NO

If yes, state nature of Disability:

Work Telephone No: 

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Home Telephone No: 

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Cell Phone No: 

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Facsimile No: 

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Business e-mail Address:

Personal e-mail Address:

Residential address:   
  
Postal Code:

Postal address:   
  
Postal Code:

**B: EMPLOYMENT DETAILS:**

**NATURE OF EMPLOYMENT:**

ARE YOU

**EMPLOYED BY A COMPANY:**

Full Time  Part Time

**SELF EMPLOYED:**

Full Time  Part Time

**IF EMPLOYED BY A COMPANY:**

Name of Practice:

Date of Employment: 

D	M	Y

Name of Principal:

Type of Practice:

CIPRO Number:

**IF SELF EMPLOYED:**

Date of Employment: 

D	M	Y

Number of Principals  
in the Practice:



Number of Employees  
in the Practice::



FOR CANDIDATES:

Name of Mentor:

Mentor's SACAP Registration Number:

**C: PROFESSIONAL QUALIFICATIONS**

ARCHITECTURAL QUALIFICATIONS:

Examinations passed	Qualifications obtained	Educational Institution	Years of Study	Enrolment date	Graduation Date
A certified copy of					
each certificate must					
be attached					

OTHER (NON-ARCHITECTURAL) QUALIFICATIONS:

Examinations passed	Qualifications obtained	Educational Institution	Years of Study	Enrolment date	Graduation Date
A certified copy of					
each certificate must					
be attached					

**D: MEMBERSHIP OF A VOLUNTARY ASSOCIATION**

Are you a member of one or more of the following Voluntary Associations?

	YES	NO	If YES, please indicate:		
			Institute Number	Grade of Membership	Enrolment Date
S A Institute for Architects - SAIA					
S A Institute for Architectural Technologists - SAIAT					
S A Institute of Draughting - SAID					
S A Institute of Building Design - SAIBD					
SA Institute of the Interior Design Professions - IID					
Border Kei Institute of Architects - B-KIA					
Cape Institute for Architects - CIA					
Eastern Cape Institute of Architects – ECIA					
Free State Institute of Architects - FSIA					
Gauteng Institute for Architects - GIaA					
KwaZulu-Natal Institute for Architects - KZ-NIA					
Pretoria Institute for Architects - PIA					

**E: DECLARATION**

**I, the applicant declare that:**

- **Section 19(3)(a) of the Act does not apply to me**

Section 19(3)(a) Despite subsection (2), the council may refuse to register an applicant—

- (i) if the applicant has been removed from an office of trust on account of improper conduct;
- (ii) has been convicted of an offence in the Republic, other than an offence committed prior to 27 April 1994 associated with political objectives, and was sentenced to imprisonment without an option of a fine, or, in the case of fraud, to a fine or imprisonment or both;
- (iii) if the applicant has, subject to paragraph (b), been convicted of an offence in a foreign country and was sentenced to imprisonment without an option of a fine, or, in the case of fraud, to a fine or imprisonment or 15 both;
- (iv) if the applicant is declared by the High Court to be of unsound mind or mentally disordered, or is detained under the Mental Health Act, 1973;
- (v) for as long as the applicant is disqualified from registration as a result of any punishment imposed on him or her under this Act;
- (vi) if the applicant is an unrehabilitated insolvent whose insolvency was caused by his or her negligence or incompetence in performing work falling within the scope of the category in respect of which he or she is applying for registration.

- **To the best of my knowledge all the information contained herein is true and correct**

**Date:**

:	:	:
<b>D</b>	<b>M</b>	<b>Y</b>

**Signature of Applicant:** \_\_\_\_\_

**I agree that my contact details (including but not restricted to telephone number, addresses and e-mail address(es) be made available to recognised organisations at the discretion of SACAP**

<b>YES</b>	<b>NO</b>

**FOR OFFICE USE ONLY – APPLICATION TO UPGRADE**

**NEW CATEGORY OF REGISTRATION:**

Professional Architect	<input type="checkbox"/>
Professional Senior Architectural Technologist	<input type="checkbox"/>
Professional Architectural Technologist	<input type="checkbox"/>
Professional Draughtsperson	<input type="checkbox"/>

**Computer Code:**

**Council Number:**

**Date Registered:**

:	:	:
<b>D</b>	<b>M</b>	<b>Y</b>

**Authorised by:**

**Date Authorised:**

:	:	:
<b>D</b>	<b>M</b>	<b>Y</b>