



**C: CONTACT DETAIL**

Work Telephone No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Telephone No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Cell Phone No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Facsimile No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Business e-mail Address:	<input type="text"/>											
Personal e-mail Address:	<input type="text"/>											
Residential address:	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>							Postal Code:	<input type="text"/>			
Postal address:	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>							Postal Code:	<input type="text"/>			

**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:

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

Name of Principal:

Type of Practice:

CIPRO Number:

Number of Principals  
in the Practice:

Number of Employees  
in the Practice::

**IF SELF EMPLOYED:**

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

## C: PROFESSIONAL QUALIFICATIONS

### ARCHITECTURAL QUALIFICATIONS:

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

### OTHER (NON-ARCHITECTURAL) QUALIFICATIONS:

	Qualifications obtained	Educational Institution	Years of Study	Enrolment date	Graduation Date
<b>Examinations passed</b>					
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 Designers - 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 - GI/A					
KwaZulu-Natal Institute for Architects - KZ-NIA					
Pretoria Institute for Architects - PIA					

## E: DECLARATION

I, the applicant declare that:

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

Date: 

:	:	:
D	M	Y

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

**FOR OFFICE USE ONLY**

Date of RPL:

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

**ASSESSORS:**

Chairperson:

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Assessors 1:

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Assessors 2:

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Assessors 3:

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Outcome:

Competent	
Not Competent	
<b>Comments:</b>	