



APPLICATION : PROFESSIONAL PRACTICE EXAM

EXAMINATION DATE: 8 September 2010
CLOSING DATE FOR APPLICATIONS: 25 August 2010

<p>EXAMINATION FEES For persons writing In South Africa R1 505.00 (R1320.00 + R188.00 VAT) Outside South Africa R3 135.00 (R2 750.00 + R385.00 VAT) Examination fee must be paid directly into the Council's bank account and proof of payment must accompany this application</p>	<p>FIRST NATIONAL BANK: RANDBURG BRANCH BRANCH CODE: 254005 ACCOUNT NUMBER: 50411172203. USE YOUR SACAP ACCOUNT NR AS REFERENCE WHEN MAKING A PAYMENT PROOF OF PAYMENT MUST ACCOMPANY THE APPLICATION</p>
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CURRENT CATEGORY OF REGISTRATION **CURRENT REGISTRATION NUMBER:**

First names:

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Surname:

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Postal address:

 Postal Code:

Work Telephone Nr:

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Home Telephone Nr:

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Facsimile Nr:

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E-mail Address: (no YAHOO addresses)

Current Employer:

- PLEASE NOTE**
- Contact information supplied will be taken as your preferred contact details and our database amended accordingly.
 - Exam scripts will under no circumstances made available for perusal.
 - Applications must be sent to the following telefax number or e-mail address only:**
Telefax: 086 637 4173
E-mail: registrationqa@sacapsa.com
 - Proof of payment must accompany the application form.
 - Only persons currently registered with SACAP will be allowed to write the PPE.

Preferred venue for writing the Professional Practice Examination:

Johannesburg	<input type="checkbox"/>	Port Elizabeth	<input type="checkbox"/>	Durban	<input type="checkbox"/>
Cape Town	<input type="checkbox"/>	Bloemfontein	<input type="checkbox"/>	East London	<input type="checkbox"/>
George	<input type="checkbox"/>	Outside South Africa (specify)			<input type="text"/>

Signature of Applicant: _____

Date: _____

FOR OFFICE USE ONLY

APPLICATION RECEIVED: Date _____ SIGNATURE: _____

PAYMENT VERIFIED: Date _____ SIGNATURE: _____