SOUTH AFRICAN COUNCIL for the ARCHITECTURAL PROFESSION

Postal: PO Box 408, Bruma, 2026
Physical: 1st Floor, Lakeside Place, Cnr Ernest Oppenheimer and Queen Street, Bruma, Johannesburg
Tel: +27 11 479 5000 | Fax: +27 11 479 5100

The fee indicated on this application form is valid from 1 April 2012 to 31 March 2013 **SACAP/R0005**

APPLICATION TO UPGRADE REGISTRATION

THE FOLLOWING MUST ACCOMPANY THE APPLICATION:

Certified copies of qualification (if not submitted at first registration)	
Curriculum Vitae (if not submitted at first registration)	
Certified copy of ID document or passport*	
Undertaking from Mentor (Template attached) – only for Candidates	
Proof of payment of admin fee **R1 512.00** (R1 314.78 + R197.22 VAT),	

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

All admin fees are non-refundable and non-transferrable.

BANKING DETAILS

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

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

DETAILS OF CURRENT REGISTRATION

Current category of registration _____ **Current registration number** _____

Date registered in current category

:	:	:
D	M	Y

REASON FOR UPGRADING

Passed Professional Practice Exam written on

:	:	:
D	M	Y

Further qualification/s Obtained**

Qualifications obtained	Educational Institution	Date of final Examination

**** 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**

Are you Disabled?	**YES**	**NO**

If yes, state nature of Disability:	

Work Telephone No:													
Home Telephone No:													
Cell Phone No:													
Facsimile No:													

Business e-mail Address:	
Personal e-mail Address:	

Residential address:		
	Postal Code:	

Postal address:		
	Postal Code:	

B: EMPLOYMENT DETAILS:

Name of Practice:			
Date of Employment:	:	:	:
	D	**M**	**Y**
Name of Principal:			
Principal's contact number:			
Principal's e-mail address:			
Type of Practice:			
CIPRO Number:			
Number of Principals in the Practice:			

Number of Employees in the Practice:	

FOR CANDIDATES:

Name of Mentor:	
Mentor's SACAP Registration Number:	
Mentor's contact number:	
Mentor's e-mail address:	

C: PROFESSIONAL QUALIFICATIONS

ARCHITECTURAL QUALIFICATIONS:

Examinations passed

A certified copy of each certificate must be attached

Qualifications obtained	Educational Institution	Years of Study	Enrolment date	Graduation Date

OTHER (NON-ARCHITECTURAL) QUALIFICATIONS:

Examinations passed

A certified copy of each certificate must be attached

Qualifications obtained	Educational Institution	Years of Study	Enrolment date	Graduation Date

D: MEMBERSHIP OF A VOLUNTARY ASSOCIATION

Are you a member of one or more of the following SACAP recognised Voluntary Association:

	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 Institue of Architects - FSIA					
Gauteng Institute for Architects - GIfA					
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:

:	:	:
D	**M**	**Y**

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

YES	**NO**

FOR OFFICE USE ONLY – APPLICATION TO UPGRADE

NEW CATEGORY OF REGISTRATION:

Professional Architect	
Professional Senior Architectural Technologist	
Professional Architectural Technologist	
Professional Draughtsperson	

Computer Code:

Council Number:

Date Registered:

:	:	:
D	**M**	**Y**