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: 086 555 0346
E-mail: CPD@sacapsa.com

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

SACAP/CPD0004

CPD : APPLICATION FOR EXEMPTION

THE FOLLOWING MUST ACCOMPANY THE APPLICATION:

Proof and/or copies of documents requested under Section B	
Proof of payment of admin fee of **R1 055.00** (R925.44 + R129.56 VAT) for this application	

Administration fee must be paid directly into SACAP's bank 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 NO AS REFERENCE WHEN MAKING A PAYMENT. PROOF OF PAYMENT MUST ACCOMPANY THE APPLICATION

DETAILS OF REGISTRATION

Registration Number: _____

Date of registration:

:	:	:
D	M	Y

A: PARTICULARS OF APPLICANT:

Surname:

First names:

Title: Prof | Dr | Mr | Mrs | Ms | Miss

ID Number:

Passport Number:

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: EXEMPTION:

Exemption requested for Category One ☐

Full Exemption (Categories One to Three) ☐

Reason for Request:

Age	☐	Certified copy of ID must be attached
Illness	☐	Original Doctor's motivation must be attached
Incapacity	☐	Provide Details
Pregnancy and extended maternity leave	☐	Original Doctor's letter and/or motivation for extended maternity leave to be attached
Retrenchment	☐	Proof to be attached
Other	☐	Motivation and/or proof to be attached

C: DECLARATION

I, the applicant declare that:

- **I am aware of the fact that this application for exemption is only valid for one calendar year**
- **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

EXEMPTION GRANTED FOR:

Category One ☐

Full Exemption (Categories One to Three) ☐

Exemption Period: _____ to _____

Date:

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

Signature _____

DATABASE AMENDED:

Date:

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

Signature _____

CONFIRMATION SENT:

Date:

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

Signature _____