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/CPD0005

CPD : EXTENSION OF PERIOD FOR COMPLIANCE

THE FOLLOWING MUST ACCOMPANY THE APPLICATION:

Proof of payment of admin fee of **R1 084.00** (R950.88 + R133.12 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: EXTENSION:

REASON FOR REQUEST:

ACTION PLAN:

C: TERMS

1. An application will not be considered unless proof of payment is attached to the application and receipt of the payment verified by SACAP.
2. Submission of this application does not automatically grant Extension of the Period for Compliance.
3. Extension of the Period for Compliance will only be valid if approved by SACAP and confirmed in writing to the applicant.
4. The period of extension will be determined and confirmed by SACAP.
5. Any payment made in terms of this application is non-refundable and non-transferrable.

D: DECLARATION

I, the applicant declare that:

- **I am aware terms specified under 'C' above;**
- **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

EXTENSION GRANTED FOR:

Category [ ]

Exemption Period: _____ to _____

Date:

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

Signature _____

DATABASE AMENDED:

Date:

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

Signature _____

CONFIRMATION SENT:

Date:

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

Signature _____