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/R0012**

REGISTRATION APPEAL

THE APPEAL IS AGAINST THE FOLLOWING DECISION OF COUNCIL:

- Category of Registration* ☐
- Registration Declined ☐
- Cancellation of Registration ☐
- Period of Internship ☐
- Other ☐

Administration fee must be paid directly into SACAP's bank account (details below).

No application will be considered without proof payment.

Proof of payment must accompany the application.

Use your SACAP account no as reference when making a payment.

ATTACHED:

Proof of payment of non-refundable admin fee of **R1 608.00 (R1 410.53 + R197.47 VAT)** ☐

Ground(s)/Reason(s) for Appeal (Including certified copies of any official document(s) needed) ☐

Copies of a certified copy are not acceptable. No faxed or e-mailed application will therefore be accepted.

BANKING DETAILS:

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

KINDLY USE YOUR SACAP ACCOUNT NO AS REFERENCE WHEN MAKING A PAYMENT
PROOF OF PAYMENT MUST ACCOMPANY THE APPLICATION

A: PARTICULARS OF APPLICANT

Surname:

First names:

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

Date of Birth: D : M : Y

ID Number:

Passport Number:

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: GROUND(S) / REASON(S) FOR APPEAL

The applicant is requested to attach the ground(s) and reason(s) for the appeal to this application as a typed annexure.

The document must be typed in A4 format, and all corroborating documents must also be presented in A4 format and include documentary proof where needed.

Please list the documents attached herewith:

F: 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

APPEAL SUCESSFULL: _____
Signature

DATE: _____

ACTION TO BE TAKE:

_____

_____

_____

_____

_____

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