

Passport Number:

Race:

Asian	Black	Coloured	White
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 (for statistical purposes only)

Gender:

Male	Female
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Are you Disabled?

YES	NO
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If yes, state nature of Disability:

Work Telephone No:

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Home Telephone No:

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Cell Phone No:

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Facsimile No:

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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:

	Qualifications obtained	Educational Institution	Years of Study	Enrolment date	Graduation Date
Examinations passed					
A certified copy of each certificate must be attached					

OTHER (NON-ARCHITECTURAL) QUALIFICATIONS:

	Qualifications obtained	Educational Institution	Years of Study	Enrolment date	Graduation Date
Examinations passed					
A certified copy of each certificate must be attached					

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 Institute of Architects - FSIA					
Gauteng Institute for Architects - GIaA					
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	<input type="checkbox"/>
Professional Senior Architectural Technologist	<input type="checkbox"/>
Professional Architectural Technologist	<input type="checkbox"/>
Professional Draughtsperson	<input type="checkbox"/>

Computer Code:

Council Number:

Date Registered:

:	:	:
D	M	Y