



SOUTH AFRICAN COUNCIL FOR THE LANDSCAPE ARCHITECTURAL PROFESSION

APPLICATION TO REGISTER WITH SACLAP AS A STUDENT

Personal information

Full name			
Identity number			
Citizenship			
Race (Government requirement)		Gender	
Tel no		Cell no	
Alternative contact no. (e.g. Parents)			
Residential address			
Postal code			
Postal address			
Postal code			
e-mail			

Qualifications studying towards

Institution

Qualifications studying towards	Institution

I certify that the above information is correct and that I have acquainted myself fully with the contents of the Landscape Architectural Professions Act, No. 45 of 2000, and hereby make application for registration with the Council.

Signed

Place

Date