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| LANDSCAPE ARCHITECTURAL PROFESSION ACT,  ACT NO 45 OF 2000 | | | | | | SACLAP 2024/25 - 003 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ANNUAL FEE PAYMENT ARRANGEMENT APPLICATION FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***Proof of payment of admin fee of R600 should be submitted together with this application.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ALL SECTIONS OF THE FORM MUST BE COMPLETED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION A | | **CONFIRMATION OF PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION B | | **CONFIRMATION OF CONTACT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION C | | **PAYMENT ARRANGEMENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION D | | **DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION A: CONFIRMATION OF PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | Prof | | | | |  | | | | | | | Dr | | | | | |  | | | | | | | Mrs | | | | |  | | | | Ms | | | | | |  | |  | | | Mr |  | | | | | | | | | Rev | | | | |  |
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| Surname | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | | |  |  | | | | | | | | |  | | | | |  |
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| Initials and First Name | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | | |  |  | | | | | | | | |  | | | | |  |
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| Registration Category | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Registration Number | | | | | | | | | | | | | | | | | | |  | | | | |
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| Type of Identity Document | | | | | | RSA ID | | | | | | | | | | | | | | |  | | | | FOREIGN PASSPORT | | | | | | | | | | | | | | | |  | | | | | FOREIGN ID | | | | | | | | | | | | | |  | | | |  |
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| Ethnic Group  (For statistical purposes only) | | | | | | African | | | | | | |  | | | | | White | | | | | | | | | | |  | | | Indian | | | | |  | | | | | Coloured | | | | | |  | | | Other | | | | | | | | | | | | |  |
| If other, Specify | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disability( if any) | | | | | | Yes | | | | | | |  | | | | | |  | | | No | | | | | |  | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, Specify | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION B : CONFIRMATION OF CONTACT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Cellphone number | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | | |  | | | | | |  | | | | |  | | | | | |  |  | | | | | |  | | | | | | | | |  | | |
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| Fax number | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | | |  | | | | | |  | | | | |  | | | | | |  |  | | | | | |  | | | | | | | | |  | | |
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| Postal Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Residential Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Preferred address: | | | | | | | Postal | | | | | | | | | | | | | | | |  | | | | | | |  | | | Residential | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **SECTION C: PAYMENT ARRANGEMENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PLEASE NOTE THAT ALL PAYMENT ARRANGEMENTS TO ENSURE THAT THE FULL AND FINAL PAYMENT TO BE NO LATER THAN 1 MARCH 2023 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Invoice No |  | | | | | | | | | | Invoice Date | | | | | | | | | | | | |  | | | | | | | | | | | | Invoice Amount | | | | | | | | | | R | | | | | | | | | | | | | | | | | | |
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| Payment arrangement period requested(months) | | | | |  | | | Payment Amount per month  (if irregular please specify below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | R | | | | | | | Payment Date  (Date between 1 - 30) | | | | | | | | | | | | | |  | | | | | | | |
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| Payment Method (EFT, Direct Deposit, Cash Deposit) | | |  | | | | | Last Payment Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | R | | | | | | | Last Instalment Date  (Not later than 28 Feb 2025) | | | | | | | | | | | | | |  | | | | | | | |
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| Irregular Payment Plan (give details) | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**SECTION D: DECLARATION**

I (Full Name)…………………………………………………………………..declare that the information provided above is true. Should my application be approved, I commit to keeping to the arrangement as applied for. I understand that should I default in payment, the full amount due will be payable together with the applicable late payment administration fee and any penalty to be imposed by SACLAP as it may deem appropriate at the time.

Further default may lead to my registration being suspended which could ultimately lead to deregistration as per section 20(1) of the Landscape Architectural Profession Act.

PLEASE NOTE:

Section 20(4) of ***the Act*** states that:

***“…despite the cancellation of the registration for a registered person in terms of this section that a person remains liable for any fee, arrears, or penalty imposed by the council for the period he or she was registered.”***

I further declare that I have acquainted myself with the following documents as relevant to this payment arrangement application:

|  |  |  |
| --- | --- | --- |
| **ITEM** | **DOCUMENT** | **Tick** |
| 1. | My latest SACLAP Invoice (2024/25) |  |
| 2. | The Landscape Architectural Profession Act, Act no 45 of 2000 |  |
| 3. | SACLAP Registration Policy - 4 November 2016 |  |
| 4. | SACLAP Code of Conduct – 12 March 2012 |  |
| 5. | SACLAP Rates Table – for this financial year |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  | Place |  | Date |

**SACLAP Banking Details are as follows:**

Bank: NEDBANK

Branch: Menlyn

Branch Code 198 765

Type: Current Account

Account No.: 1944 033 35 1

Reference: ***Full Name + SACLAP Registration Number***

***Proof of payment to be emailed to*** [***registrar@saclap.org.za***](mailto:registrar@saclap.org.za) ***and cc to -***[***accounts@saclap.org.za***](mailto:accounts@saclap.org.za)

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|  | FOR OFFICE USE |  |  |  |
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| 1. | Date Received |  | Processed by |  |
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| 2. | Date Approved |  | Approved by |  |
|  |  |  |  |  |
| 3. | Date of Approval Communication |  | Communication sent by |  |
|  |  |  |  |  |
| 4. | Database Entry |  | Entry by |  |