



**SOUTH AFRICAN COUNCIL
FOR THE
LANDSCAPE ARCHITECTURAL PROFESSION**

2nd Floor, Lourie Place, Hillcrest Office Park
200 Lynwood Road, Hillcrest, Pretoria 0083

Tel: 068 275 1000
www.saclap.org.za
registrar@saclap.org.za

LANDSCAPE ARCHITECTURAL PROFESSION ACT,
ACT NO 45 OF 2000

SACLAP 2026/27 - 003

ANNUAL FEE PAYMENT ARRANGEMENT APPLICATION FORM

Proof of payment of admin fee of R680 should be submitted together with this application.

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 ☐
Surname	
Initials and First Name	
Gender	Male ☐ Female ☐ Other ☐
Date of Birth	DD MM CCYY
Date of Registration	DD MM CCYY
Registration Category	Registration Number
Type of Identity Document	RSA ID ☐ FOREIGN PASSPORT ☐ FOREIGN ID ☐
Identity No	
Country of Issue	
Ethnic Group (For statistical purposes only) If other, Specify	African ☐ White ☐ Indian ☐ Coloured ☐ Other ☐
Disability(if any) If yes, Specify	Yes ☐ No ☐

SECTION B : CONFIRMATION OF CONTACT DETAILS

Email address	
Telephone number	
Cell phone number	
Fax number if any	
Postal Address	
	Postal Code
Residential Address	
	Postal Code
Province	
Preferred address:	Postal ☐ Residential ☐ Email ☐

SECTION C: PAYMENT ARRANGEMENT DETAILS

PLEASE NOTE THAT ALL PAYMENT ARRANGEMENTS TO ENSURE THAT THE FULL AND FINAL PAYMENT TO BE PAID AS AGREED.

Invoice No		Invoice Date		Invoice Amount	R
Payment arrangement period requested (months)		Payment Amount per month (if irregular please specify below)	R	Payment Date (Date between 1 - 30)	
Payment Method (EFT, Direct Deposit, Cash Deposit)		Last Payment Amount	R	Last Instalment Date (Not later than 28 Feb 2027)	
Irregular Payment Plan (give details)	 				

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 (2026/27)	☐
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 and cc to administrator@saclap.org.za

FOR OFFICE USE

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