



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

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

Tel: 087 980 9846
www.saclap.org.za
registrar@saclap.org.za

LANDSCAPE ARCHITECTURAL PROFESSION ACT,
ACT NO 45 OF 2000

SACLAP 2026/27 - 005

RE- REGISTRATION APPLICATION FORM

Proof of payment of admin fee of R400 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 ☐ Mr ☐ Ms ☐ Mr ☐ Rev ☐

Surname

Initials and First Name

Gender Male ☐ Female ☐ Other

Date of Initial Registration DD MM CCYY

Date of De Registration DD MM CCYY

Registration Category Previous 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

Postal Address Postal Code

Residential Address Postal Code

Province

Preferred address: Postal ☐ Residential ☐ Email ☐

SECTION C: VOLUNTARY RESIGNATION DETAILS

PLEASE NOTE THAT AT THE TIME OF RE-REGISTRATION ALL HISTORIC DEBT MUST BE PAID UP OR A SIGNED PAYMENT ARRANGEMENT APPLICATION MUST BE SUBMITTED. .

Date of Application									
Motivation for Application	<table><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>								

SECTION D: DECLARATION

I (Full Name).....declare that the information provided above is accurate and true.

PLEASE NOTE:

Section 13(2) of SACLAP Registration Policy of 2016 states as follows:

Persons wishing to re-register as a registered professional within 12 months from having informed SACLAP of such are to submit:

- a detailed CV,
- a portfolio of work,
- demonstrate compliance with the CPD requirements,
- Proof of payment of all outstanding fees, and
- A motivation of why the individual wishes to be re-registered.

Should the individual wish to re-register after the initial twelve (12) month period has lapsed, the individual will have to follow the registration process of a new applicant.

ITEM	DOCUMENT	Tick
2.	The Landscape Architectural Profession Act, Act no 45 of 2000	
3.	SACLAP Registration Policy - 4 November 2016	

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 + previous 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	