



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

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SACLAP 2026/27 - 006

LANDSCAPE ARCHITECTURAL PROFESSION ACT,
ACT NO 45 OF 2000

DATABASE DISTRIBUTION AND WEBSITE UPLOAD REQUEST

Proof of payment of admin fee of **R420 should be submitted together with this application.*

ALL SECTIONS OF THE FORM MUST BE COMPLETED

SECTION A	CONFIRMATION OF DETAILS OF REQUESTOR
SECTION B	UPLOAD DOCUMENT DETAILS
SECTION C	DECLARATION

SECTION A: CONFIRMATION DETAILS OF REQUESTOR

Name of Requesting Firm

Authorised Person:

Title Prof ☐ Dr ☐ Mrs ☐ Ms ☐ Mr ☐ Rev ☐

Surname

Initials and First Name

Email address

Telephone number

Cell phone number

Postal /Residential Address

Postal Code

Province

SECTION B: DETAILS OF DOCUMENT TO BE DISTRIBUTED & UPLOADED

Date of Request

Short Description of Document

SECTION C: DECLARATION

I (Full Name) declare that the information provided above is accurate and true. I further declare that I take responsibility of the accuracy of the information on the document to be uploaded.

Signature _____

Place _____

Date _____

SACLAP Banking Details are as follows:

Bank: NEDBANK

Branch: Menlyn Mall

Branch Code 198 765

Type: Current Account

Account No.: 1944 033 35 1

Reference: **Website Upload + Name of Requestor/Company**

Proof of payment to be emailed to registrar@saclap.org.za and cc to administrator@saclap.org.za

**Please note that the admin fee is for one document only.*

The document will be shared with all registered persons on the SACLAP Register as well as uploaded on to the SACLAP website as soon as the form together with the proof of payment is received.

FOR OFFICE USE

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