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| LANDSCAPE ARCHITECTURAL PROFESSION ACT,  ACT NO 45 OF 2000  SACLAP 2023/24 - 005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CHANGE OF PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION A: CONFIRMATION OF CURRENT PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | Prof | | |  | | | Dr | | |  | | | | Mrs | | | |  | | Ms | | | |  | |  | | Mr |  | | | | Rev | |  |
|  | |  | | | |  |  | | |  | | | |  | | | |  | |  | | | |  | | | |  |  | | | |  | |  |
| Surname | |  | | |  | |  | | |  | | |  | | |  | | |  |  | | |  | |  | | |  |  | | | |  | |  |
|  | |  | | |  | |  | | |  | | |  | | |  | | | |  | | | | |  | | |  |  | | | |  | |  |
| Initials and First Name | |  | | |  | |  | | |  | | |  | | |  | | |  |  | | |  | |  | | |  |  | | | |  | |  |
|  | |  | | | | |  | | |  | | | | | | | |  | |  | | | | | | | | | | | | | | | |
| **CONFIRMATION OF NEW PERSONAL DETAILS***(New ID, marriage certificates etc must be submitted together with this form)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | |  | | | | | | | |  | |  | | | | | | | | | | | | | | | |
| Title | Prof | | |  | | | Dr | | |  | | | | Mrs | | | |  | | Ms | | | |  | |  | | Mr |  | | | | Rev | |  |
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| Surname | |  | | |  | |  | | |  | | |  | | |  | | |  |  | | |  | |  | | |  |  | | | |  | |  |
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| Initials and First Name | |  | | |  | |  | | |  | | |  | | |  | | |  |  | | |  | |  | | |  |  | | | |  | |  |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registration Category | |  | | | | | | | | | | | | | | | | | | | | Registration Number | | | | | | | |  | | | | | |
|  | |  | | | | | | |  | | |  | | | | | | | | | |  | | | |  | | | |  | | | | |  |
| **SECTION B: CONTACT DETAILS TO BE CHANGED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New Email Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New Telephone Number | |  | | | |  | |  | | | | | |  | | | | |  | |  | | | | |  |  | | | |  | | |  | |
|  | |  | | | |  | |  | | | | | |  | | | | |  | |  | | | | |  | | |  | | |  | |  | |
| New Cellphone number | |  | | | |  | |  | | | | | |  | | | | |  | |  | | | | |  |  | | | |  | | |  | |
|  | |  | | | |  | |  | | | | | |  | | | | |  | |  | | | | |  | | |  | | |  | |  | |
| New Fax number | |  | | | |  | |  | | | | | |  | | | | |  | |  | | | | |  |  | | | |  | | |  | |
|  | |  | | | |  | |  | | | | | |  | | | | |  | |  | | | | |  | | |  | | |  | |  | |
| New Postal Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New Residential Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| Province | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Preferred address: | | | Postal | | | | | | | |  | | | |  | | Residential | | | |  | | | | |  | | | | | | | | | |

**SECTION C: DECLARATION**

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

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

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|  | FOR OFFICE USE |  |  |  |
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|  | Date Received |  | Processed by |  |
|  |  |  |  |  |