|  |
| --- |
| LANDSCAPE ARCHITECTURAL PROFESSION ACT,ACT NO 45 OF 2000SACLAP 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 |  |
|  |  |  |  |  |  |
| Surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| 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 |  |
|  |  |
| Province |  |
|  |  |
| Preferred address: | Postal |  |  | Residential |  |  |

**SECTION C: DECLARATION**

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

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

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