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| --- | --- |
| LANDSCAPE ARCHITECTURAL PROFESSION ACT,ACT NO 45 OF 2000 | SACLAP 2023/24 - 004 |
| **VOLUNTARY CANCELLATION OF REGISTRATION** |
|  |
| ***Proof of payment of admin fee of R350 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 |  |  |
|  |  |  |  |  |  |
| 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) | African |  | White |  | Indian |  | Coloured |  | Other |  |
| If other, Specify |  |
| Disability( if any) | Yes |  |  | No |  |  |  |
| If yes, Specify |  |
| **SECTION B : CONFIRMATION OF CONTACT DETAILS** |
| Email address |  |
|  |  |
| Telephone number |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Cellphone number |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Fax number |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Postal Address |  |
|  | Postal Code |  |
|  |  |
| Residential Address |  |
|  | Postal Code |  |
|  |  |
| Province |  |
|  |  |
| Preferred address: | Postal |  |  | Residential |  |  |
|  |

**SECTION C: VOLUNTARY RESIGNATION DETAILS**

 PLEASE NOTE THAT AT THE TIME OF RESIGNATION ALL FEES MUST BE PAID UP.

|  |  |
| --- | --- |
| Date of Application |  |
|  |  |
| Reason for Resignation |  |
|  |  |
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**SECTION D: DECLARATION**

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

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**  |
| 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 + SACLAP Registration Number***

***Proof of payment to be emailed to*** ***registrar@saclap.org.za*** ***and cc to -******accounts@saclap.org.za***

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|  |  |  |  |  |
|  |  |  |  |  |
|  | 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 |  |