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| LANDSCAPE ARCHITECTURAL PROFESSION ACT,  ACT NO 45 OF 2000 | | | SACLAP 2023/24 - 004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VOLUNTARY CANCELLATION OF REGISTRATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***Proof of payment of admin fee of R350 should be submitted together with this application.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 | | | | |  |
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| Surname | | |  | | |  | | | |  | | | | | | |  | | | |  | | | | |  | | |  | |  | | | |  | |  | | | |  |  | | | | | | | |  | | | | |  |
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| Initials and First Name | | |  | | |  | | | |  | | | | | | |  | | | |  | | | | |  | | |  | |  | | | |  | |  | | | |  |  | | | | | | | |  | | | | |  |
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| Gender | | | Male | | | | | | | |  | | | | | | Female | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Registration Category | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Registration Number | | | | | | | | | | | | | | | | |  | | | | |
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| Type of Identity Document | | | RSA ID | | | | | | | | | | | | |  | | | FOREIGN PASSPORT | | | | | | | | | | | | | | |  | | | | FOREIGN ID | | | | | | | | | | | | |  | | | |  |
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| Country of Issue | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Telephone number | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | |  | | | | |  |  | | | | | |  | | | | | | | |  | | |
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| Cellphone number | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | |  | | | | |  |  | | | | | |  | | | | | | | |  | | |
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| Fax number | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | |  | | | | |  |  | | | | | |  | | | | | | | |  | | |
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| Postal Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| Residential Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| Province | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Preferred address: | | | | Postal | | | | | | | | | | | | | |  | | | | | |  | | | Residential | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | |
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**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***](mailto:registrar@saclap.org.za) ***and cc to -***[***accounts@saclap.org.za***](mailto: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 |  |