



**SOUTH AFRICAN COUNCIL FOR PROFESSIONAL AND
TECHNICAL SURVEYORS**

**SUID-AFRIKAANSE RAAD VIR PROFESSIONELE EN
TEGNIESE OPMETERS**

INGESTEL INGEVOLGE WET 40 VAN 1984

Unit 4, Heritage Park
Yellow Route
Off Lower Germiston Road, Area 26
ROSHERVILLE

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SOUTH HILLS
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APPLICATION FOR REGISTRATION AS

PROFESSIONAL GISc PRACTITIONER IN TRAINING

in terms of
THE PROFESSIONAL LAND SURVEYORS' AND TECHNICAL SURVEYORS' ACT, 1984

APART FROM LODGING FORM "B" THE FOLLOWING INFORMATION MUST PLEASE BE
FURNISHED AND PAYMENT OF REGISTRATION AND ANNUAL FEES INCLUDED.

SURNAMEDATE OF BIRTH ◆.....

FIRST NAMES

QUALIFICATIONS ◆.....

◆ **Please include certified copies of your identification document and degree certificate.**

NATURE OF EMPLOYMENT

NAME OF EMPLOYER

BUSINESS ADDRESS
(the physical address where applicant is employed:- not the post box)

PREFERRED POSTAL ADDRESS

.....
.....
.....

BUSINESS TELEPHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

CELL

OPTIONAL INFORMATION REQUIRED FOR STATISTICAL PURPOSES:

ETHNIC GROUP GENDER



For current fee pricing see **COUNCIL FEES** letter. Both fees listed below have to be paid.
Registration fees for Professional GIS Practitioner in training – see **Council Fees Code 02**
Annual fees for Professional GIS Practitioner in training – see **Council Fees Code 25**
All fees on COUNCIL FEES letter are 14% VAT inclusive.

APPLICATION FOR REGISTRATION AS PROFESSIONAL GISc PRACTITIONER IN TRAINING

IN TERMS OF SECTIONS 21(1) OF

THE PROFESSIONAL LAND SURVEYORS' AND TECHNICAL SURVEYORS' ACT, 1984
(ACT 40 OF 1984)

The Registrar,
The South African Council for Professional and Technical Surveyors

I, the undersigned (full names).....
of (address).....
.....

having complied with the requirement of Section 20(1)(b) of the Professional Land Surveyors' and Technical Surveyors' Act, 1984 (Act 40 of 1984), hereby apply for registration in terms of Section 21(1) of the said Act, as a Professional GISc Practitioner In Training. The **attached certified copy** of the degree/diploma/certificate• issued by the University of _____ is submitted by me in support of my application.

I swear/make affirmation• that the contents of this application are true and further:

- (a) that I am not according to the law detained as a mentally ill person;
- (b) that I have/have never• been convicted of an offence and sentenced in respect thereof to imprisonment without the option of a fine;
- (c) that I have/have never• been removed from an office of trust on account of improper conduct;
- (d) that I am not disqualified for registration in terms of this Act or, before the commencement of this Act, was so disqualified in terms of any other law governing the registration of land surveyors;
- (e) that I am/am not• insolvent, that I have/have not• assigned my estate for the benefit of my creditors and that I have/have not• compounded with my creditors.

..... PLACE DATE SIGNATURE
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I certify that before the deponent made the oath/affirmation• I asked him/her• the following questions and wrote down his/her• answers in his/her• presence:

- (i) Do you know and understand the contents of this declaration?
Answer:
- (ii) Do you have any objection to taking the prescribed oath/making the prescribed affirmation•?
Answer:
- (iii) Do you consider the prescribed oath/affirmation• to be binding on your conscience?
Answer:

I certify that the deponent has acknowledged that he/she• knows and understands the contents of this declaration which was sworn to/affirmed• before me and the deponent's signature was placed thereon in my presence.

.....
Commissioner of Oaths

Designation (Rank)

Date: Place:

•Delete whichever is not applicable.

Banking Details.

ABSA Bank - Alberton Branch Current Account

Account Holder ; S A Council for Surveyors

Account Number : 210-168-583

Branch Code ; 631142

Please ensure that your name is clearly printed in the reference section on the deposit slip. Kindly attach a copy of your deposit slip with your application as well as faxing a copy to this office.