SOUTH AFRICAN VETERINARY COUNCIL
APPLICATION TO REGISTER ADDITIONAL QUALIFICATIONS

THIS FORM IS TO BE SUBMITTED PER SURFACE MAIL A FAXED AND/OR E-MAILED COPY IS NOT ACCEPTABLE

26 Victoria Link Road, Route 21 Corporate Park, Nellmapius Road, Irene. Postal Address: PO Box 40510, Arcadia, 0007
Tel: +27 (0)12 345 6360 Fax: +27 (0) 86 247 2028 E-mail: registration@savc.org.za. Website: www.savc.org.za

PLEASE NOTE: An original certified copy of the diploma/degree certificate, with proof of payment of the applicable fees must accompany this form. Cheques or money orders must be crossed and made out to the South African Veterinary Council or alternatively be paid into our bank account:
ABSA, Hatfield Branch (Branch Code 335 545), Acc. No:020166762.

Please complete this form in block letters.

1. Inscription

	Inscription of another qualification into the register – **per qualification:**	R 184.00

2. Surname: _____

3. First Names: _____

4. I.D. No.: _____

5. Addresses:

POSTAL	RESIDENTIAL	EMPLOYER	EMPLOYMENT SECTOR
Code:		Code:	Code:

6. Tel: (W)_____ (H) _____

E-mail:: _____ Cell: _____ Fax:_____

7. Additional qualifications granted by an University or Educational institute after examination **and certified copies attached**:

Degree / Diploma / Certificate	Name of University / Training Centre	Date Obtained

8. Money Enclosed: R_____ **If paid into bank account, attach proof of payment. Please use your Surname, Initials and reason for payment at the time of making the payment.**

9. **Have you been prosecuted / convicted of a criminal offence or been dismissed from employment?**

Yes _____ No _____ . If YES, please furnish the particulars. _____

_____

I declare that the above information is true and correct and that I have never been discharged from a position of trust because of improper conduct and that I have never been convicted of blackmail, bribery, theft, fraud, forgery or the uttering of a forged document or perjury and been sentenced to imprisonment without the option of a fine.

ANY DISHONESTY IN THE COMPLETION OF THIS FORM WILL BE CONSIDERED A SERIOUS OFFENCE

_____ _____
SIGNATURE **DATE**