

SOUTH AFRICAN VETERINARY COUNCIL
APPLICATION FOR DUPLICATE REGISTRATION CERTIFICATE

26 Victoria Link Road, Route 21 Corporate Park, Nellmapius Road, Irene.
 Tel: +27 (0)12 345 6360 Fax: +27 (0)86 2472028 E-mail: registration@savc.org.za

Postal Address: P O Box 40510, Arcadia, 0007
 Website: www.savc.org.za

THIS FORM IS TO BE FAXED OR E-MAILED AND SENT BY SURFACE MAIL A COPY ALONE IS NOT ACCEPTABLE

PLEASE NOTE: An original affidavit must accompany the form together with proof of payment of the applicable fee.
Payments to be made to: SAVC, ABSA, Hatfield Branch, (Branch Code 335 545). Acc. No. 020166762.

ON RECEIPT OF THE ORIGINAL AFFIDAVIT A DUPLICATE CERTIFICATE WILL BE ISSUED

Please complete this form in block letters.

Duplicate certificate	R290.00
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- Surname: _____
- Full names: _____
- I.D. NUMBER/ If no ID number Date of Birth _____
- Addresses: _____

POSTAL	RESIDENTIAL	EMPLOYER
Code: _____		Code: _____

- Tel: (W) _____ (H) _____
 E-mail _____ Cell: _____ : Fax: _____

7. Money Enclosed: R_____. Please attach proof of payment, and use your Surname, Initials / REGISTRATION NUMBER and reason for payment at the time of making the payment.

- 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

FOR OFFICE USE ONLY:

CAPTURED BY:	
DATE	