

**SOUTH AFRICAN VETERINARY COUNCIL**  
**APPLICATION FOR DUPLICATE REGISTRATION CERTIFICATE**  
**1 APRIL 2018 TO 31 MARCH 2019**

**Physical Address:** 26 Victoria Link Road, Route21 Corporate Park, Nellmapius Drive, Irene, 0157  
**Postal Address:** PO Box 60114, Pierre van Ryneveld, Centurion, Gauteng,0045, Tel: +27 (0)12 345 6360 ,Fax: +27 (0) 12 345 6369  
**E-mail:** [registration2@savc.org.za](mailto:registration2@savc.org.za) / [registration@savc.org.za](mailto:registration@savc.org.za), **Website:** [www.savc.org.za](http://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	R325.00
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1. Surname: \_\_\_\_\_
2. Full names: \_\_\_\_\_
3. I.D. NUMBER/ If no ID number Date of Birth \_\_\_\_\_
4. Addresses: \_\_\_\_\_

POSTAL	RESIDENTIAL	EMPLOYER
Code: _____		Code: _____

6. 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.

8. 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	