

26 Victoria Link Road, Route 21 Corporate Park, Nellmapius Road, Irene. Postal Address: PO Box 60114, Pierre van Ryneveld, Centurion, 0045
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APPLICATION FOR DUPLICATE REGISTRATION CERTIFICATE - 1 APRIL 2019 TO 31 MARCH 2020

THIS FORM IS TO BE MAILED TO Registration2@savc.org.za

PLEASE NOTE: THIS FORM MUST BE SENT WITH THE FOLLOWING DOCUMENTATION

- Certified ID Copy
- AN AFFIDAVIT CONFIRMING THAT YOU HAVE LOST THE ORIGINAL CERTIFICATE
- Proof of payment for the application fee. (**Use your SURNAME & INITIAL OR REGISTRATION NUMBER as payment reference please**)
Crossed cheques or EFT must be paid into the **South African Veterinary Council bank account:**
ABSA, Hatfield Branch (Branch Code 335 545), Account No. 020166762.

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS.

Duplicate certificate	R335.00
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A DUPLICATE CERTIFICATE WILL BE ISSUED ON RECEIPT AN AFFIDAVIT, APPLICATION FORM AND PROOF OF PAYMENT

1. FULL NAMES & SURNAME: _____
2. I.D. or Passport Number: _____
3. Date of Birth: _____
4. Addresses:

POSTAL	RESIDENTIAL	EMPLOYER
Code: _____		Code: _____

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

E-mail _____ Cell: _____

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	