

SOUTH AFRICAN VETERINARY COUNCIL

Physical Address: 874 Church Street, Lisdogan Park, Arcadia, 0083 Postal Address: P O Box 40510, Arcadia, 0007
Tel: +27 (0)12 342 1612 Fax: +27 (0) 12 342 4354 E-mail: registration@savc.org.za Website: www.savc.org.za

APPLICATION TO REGISTER

THIS FORM IS TO BE SUBMITTED PER SURFACE MAIL A FAXED COPY IS NOT ACCEPTABLE

a) **NOTE:** This form should be accompanied by the requisite fee and must be endorsed by the Authorities of the Academic institution at which you are enrolled.

1. SURNAME: _____
FIRST NAMES: _____
2. POSTAL ADDRESS: _____

CODE: _____
3. ACADEMIC INSTITUTION: _____
4. DEGREE, DIPLOMA OR: _____
CERTIFICATE COURSE: _____
5. ACADEMIC YEAR OF STUDY: _____
6. REGISTRATION FEE: R 38.00
7. ID NUMBER: _____
8. CELL / TEL. NUMBER _____

TO BE COMPLETED BY THE ACADEMIC INSTITUTION

Certified that the abovementioned student is registered for the course as indicated

Signature

Date

Official Stamp

Please include:

1. Certified copy of ID.	
2. Certified copy of Matriculation or Exemption certificate.	
3. The fee. (Cheque/ Postal Order/ Direct Payment) For Direct Payments: Bank: ABSA, Hatfield Branch Acc No. 020 166 762 Branch Code: 335-545 Please quote reference number at time of making a direct payment: Reference No. _____	

Kindly note that cash will not be accepted.

Do not complete this form if you registered as a student in a previous year.

Any dishonesty in completion of this form will be considered a serious offence.