

SOUTH AFRICAN VETERINARY COUNCIL

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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 41.00
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.