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Tel: +27 (0)12 345 6360 Fax: +27 (0)12 345 6369 Website: www.savc.org.za

APPLICATION FOR DUPLICATE REGISTRATION CERTIFICATE

THIS FORM IS TO BE-MAILED TO student.registration@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)
EFT must be paid into the **South African Veterinary Council bank account:**
ABSA, Hatfield Branch (Branch Code 335 545), Account No. 020166762.

Duplicate certificate (Please attach Proof of Payment) Use your Surname & Initial OR Registration Number as payment reference	R348	Please Tick:
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A duplicate certificate will be issued on receipt an affidavit, application form and proof of payment.

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS.

FULL NAMES & SURNAME			
SAVC REGISTRATION NUMBER			
DATE OF BIRTH			
ID or PASSPORT NUMBER			
CELL NUMBER		EMAIL ADDRESS	
RESIDENTIAL ADDRESS		POSTAL ADDRESS (If different from residential address)	
NAME OF EMPLOYER	PHYSICAL ADDRESS	CONTACT NUMBER	

a) Have you been prosecuted / convicted of a criminal offence?

Yes _____ No _____. If YES, please furnish the particulars _____

b) Have you 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