

APPLICATION TO REGISTER ADDITIONAL QUALIFICATIONS

THIS FORM MUST BE-MAILED TO student.registration@savc.org.za

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

- Certified Copy of the original Degree/Diploma
- Proof of payment for the application fee. **(Use your SURNAME & INITIAL 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.

Inscription of additional qualification/s into the register (Please attach Proof of Payment) Use your Surname & Initial OR Registration Number as payment reference	R239 – per qualification	<i>Please Tick:</i>
---	---------------------------------	---------------------

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS.

FULL NAMES & SURNAME			
SAVC REG NO:			
DATE OF BIRTH			
ID or PASSPORT NO:			
CELL NUMBER		EMAIL	
RESIDENTIAL ADDRESS		POSTAL ADDRESS (If different from residential address)	
NAME OF EMPLOYER	PHYSICAL ADDRESS		CONTACT NUMBER

ADDITIONAL QUALIFICATIONS OBTAINED FROM UNIVERSITY OR EDUCATION INSTITUTION TO BE INSCRIBED TO THE REGISTER - CERTIFIED COPIES ATTACHED:

QUALIFICATION OBTAINED:	NAME OF UNIVERSITY / INSTITUTION	DATE OBTAINED
1.		
2.		
3.		

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