

**APPLICATION FOR AUTHORISATION TO PRACTISE A VETERINARY OR PARA-VETERINARY PROFESSION  
IN TERMS OF SECTION 23(1)(C)**

Application for authorisation cannot be considered unless submitted by the prospective employer or Academic institute.

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

- Certified copy of your identity document/passport,
- Certified copy of qualification/s
- Proof of payment for the application fee. (Use your initial and surname as payment reference)  
**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.**

**THIS FORM AND SUPPORTING DOCUMENTS AS LISTED ABOVE TOGETHER WITH THIS COMPLETED CHECKLIST MUST BE ADDRESSED TO:**  
Ms Talita Coetzee at Email: [authorise@savc.org.za](mailto:authorise@savc.org.za).

**A. TYPE OF AUTHORISATION APPLIED FOR (please mark applicable block with X):**

To render services performed by a <b>VETERINARIAN</b>						<b>R4 404</b>	
To render services performed by a <b>PARA-VETERINARY PROFESSION</b> [PLEASE SPECIFY PARA-PROFESSION APPLYING FOR]						<b>R1 348</b>	
To render services performed by a <b>VETERINARY PROFESSION FOR RESEARCHERS / SCIENTIFIC PURPOSES</b> [PLEASE APPLICABLE BOX BELOW]							
<b>CATEGORY A</b>	<b>CATEGORY B</b>	<b>CATEGORY C</b>	<b>CATEGORY D</b>	<b>CATEGORY E</b>	<b>CATEGORY F</b>		
<b>R 1 468</b>	<b>R 1 468</b>	<b>R 1 468</b>	<b>R 1 468</b>	<b>R 1 468</b>	<b>R 4 404</b>		
To render services performed by a <b>PARA- VETERINARY PROFESSION FOR RESEARCHERS / SCIENTIFIC PURPOSES</b> [PLEASE APPLICABLE BOX BELOW]							
<b>CATEGORY A</b>	<b>CATEGORY B</b>	<b>CATEGORY C</b>	<b>CATEGORY D</b>	<b>CATEGORY E</b>	<b>CATEGORY F</b>		
<b>R 449</b>	<b>R 449</b>	<b>R 449</b>	<b>R 449</b>	<b>R 449</b>	<b>R1 348</b>		

**B. PERSONAL DETAILS**

<b>FULL NAMES AND SURNAME [AS PER ID]</b>							
<b>DATE OF BIRTH</b>							
<b>ID OR PASSPORT NO.</b>							
<b>NATIONALITY</b>				<b>HOME LANGUAGE</b>			
<b>GENDER</b>				<b>RACE</b>			
<b>CELL NO.</b>				<b>EMAIL ADDRESS</b>			
<b>RESIDENTIAL ADDRESS</b>				<b>POSTAL ADDRESS (if different from postal address)</b>			

**C. POST MATRIC QUALIFICATIONS OBTAINED AND CERTIFIED COPIES ATTACHED:**

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

**D. EMPLOYMENT DETAILS:**

NAME OF EMPLOYER / FACILITY	
EMPLOYMENT SECTOR	
PHYSICAL ADDRESS	
OFFICE NUMBER	
WORK EMAIL (If different from personal email)	

**E. PROOF OF PAYMENT ENCLOSED:** R\_\_\_\_\_.

Please attach copy of electronic transfer page or deposit slip. Please use your Surname & Initials as payment reference.

**F. DECLARATION**

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**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE