



**Physical Address:** 26 Victoria Link Street, Route 21 Corporate Park, Nellmapius Road, Irene.

**Postal Address:** PO Box 60114, Pierre van Ryneveld, Centurion, 0045

**Tel:** +27 (0)12 345 6360 **Fax:** +27 (0)12 345 6369 **Website:** [www.savc.org.za](http://www.savc.org.za)

**Email:** [student.registration@savc.org.za](mailto:student.registration@savc.org.za)

**Application to register for the first time as a student**  
**OR Maintain registration as a student: 2020 [Veterinary Nursing Students]**

**NOTE: This form must be completed in full and submitted with the following:**

1. Certified copy of original Matric Certificate;
2. Certified copy of original ID Document and Clear Photo;
3. Proof of enrolment at the Academic institution;
4. Signature endorsement [on the form] by the authorities of the Academic institution; and
5. **Include proof of payment for the requisite registration fee, i.e. R150**

The form with the above-listed requirements must be emailed to: [student.registration@savc.org.za](mailto:student.registration@savc.org.za)

SURNAME:							
FULL NAMES [AS PER ID DOCUMENT]:							
DATE OF BIRTH							
IDENTITY/ PASSPORT NUMBER							
NATIONALITY							
GENDER:				RACE:			
HOME LANGUAGE:							
LANDLINE NO:				CELL PHONE NO:			
EMAIL ADDRESS:							
PHYSICAL ADDRESS:							
				POSTAL CODE:			
POSTAL ADDRESS:							
				POSTAL CODE:			

ACADEMIC QUALIFICATION ENROLLED FOR:	Diploma in Veterinary Nursing	Bachelor of Veterinary Nursing (BVetNurs)	
NAME OF ACADEMIC INSTITUTION:	UNIVERSITY OF PRETORIA		
ACADEMIC YEAR OF STUDY [MARK WITH X]	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	Final Year

**PLEASE TICK TO CONFIRM THAT YOU HAVE ATTACHED THE FOLLOWING SUPPORTING DOCUMENTS:**

CERTIFIED COPY OF ID.	YES	NO
CERTIFIED COPY OF MATRICULATION OR EXEMPTION CERTIFICATE.	YES	NO
OFFICIAL PROOF OF ENROLMENT WITH THE ACADEMIC INSTITUTION	YES	NO
<b>Proof of Payment of Student Registration Fee: R150</b> [First Year Registration OR Student Annual Maintenance Fee]	YES	NO

Banking Details: **Standard Bank, Centurion Branch, Acc No: 013 802 119, Branch Code: 051001**

Please quote or use your **FULL NAME AND SURNAME** or **ID NUMBER** as payment reference:

Send proof of payment to [debtorclerk@savc.org.za](mailto:debtorclerk@savc.org.za) & (include reference number)

Kindly note that cash will not be accepted.

**TO BE COMPLETED BY THE ACADEMIC INSTITUTION**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official Stamp

**Disclaimer:**

You will be furnished with a confirmation email & registration number within 7-10 working days of receiving all required documentation. **Once registered, do not complete the application forms again.** When paying your annual maintenance fees, use your ID number or full name and surname as reference in order to allocate the funds correctly.

**Once you have SAVC registration number, please logon to the SAVC Registree Portal on: <https://portal.savc.org.za>**

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

