



**SOUTH AFRICAN COUNCIL
FOR THE
LANDSCAPE ARCHITECTURAL PROFESSION**

2nd Floor, Block A, Corobay Corner
169 Corobay Ave, Waterkloof Glen, Pretoria 0181
Tel: 087 980 9846
Fax: 086 567 9567
registrar@saclap.org.za

LANDSCAPE ARCHITECTURAL PROFESSION ACT,
ACT NO 45 OF 2000

SACLAP 2019/20 - 003

ANNUAL FEE PAYMENT ARRANGEMENT APPLICATION FORM

Proof of payment of admin fee of R450 should be submitted together with this application.

ALL SECTIONS OF THE FORM MUST BE COMPLETED

SECTION A	CONFIRMATION OF PERSONAL DETAILS
SECTION B	CONFIRMATION OF CONTACT DETAILS
SECTION C	PAYMENT ARRANGEMENT DETAILS
SECTION D	DECLARATION

SECTION A: CONFIRMATION OF PERSONAL DETAILS

Title Prof Dr Mrs Ms Mr Rev

Surname

Initials and First Name

Gender Male Female

Date of Birth

Date of Registration

Registration Category Registration Number

Type of Identity Document RSA ID FOREIGN PASSPORT FOREIGN ID

Identity No

Country of Issue

Ethnic Group (For statistical purposes only) African White Indian Coloured Other

If other, Specify

Disability(if any) Yes No

If yes, Specify

SECTION B : CONFIRMATION OF CONTACT DETAILS

Email address

Telephone number

Cellphone number

Fax number

Postal Address

Postal Code

Residential Address

Postal Code

Province

Preferred address : Postal Residential

SECTION C: PAYMENT ARRANGEMENT DETAILS

PLEASE NOTE THAT ALL PAYMENT ARRANGEMENTS TO ENSURE THAT THE FULL AND FINAL PAYMENT TO BE NO LATER THAN SATURDAY 29 FEBRUARY 2020

Invoice No Invoice Date Invoice Amount

Payment arrangement period requested (months) Payment Amount per month (if irregular please specify below) Payment Date (Date between 1 - 30)

Payment Method (EFT, Direct Deposit, Cash Deposit) Last Payment Amount Last Instalment Date (Not later than 31 March)

Irregular Payment Plan

SECTION D: DECLARATION

I (Full Name).....declare that the information provided above is true. Should my application be approved, I commit to keeping to the arrangement as applied for. I understand that should I default in payment, the full amount due will be payable together with the applicable late payment administration fee and any penalty to be imposed by SACLAP as it may deem appropriate at the time.

Further default may lead to my registration being suspended which could ultimately lead to deregistration as per section 20(1) of the Landscape Architectural Profession Act.

PLEASE NOTE:

Section 20(4) of *the Act* states that:

"...despite the cancellation of the registration for a registered person in terms of this section that a person remains liable for any fee, arrears, or penalty imposed by the council for the period he or she was registered."

I further declare that I have acquainted myself with the following documents as relevant to this payment arrangement application:

ITEM	DOCUMENT	Tick
1.	My latest SACLAP Invoice	
2.	The Landscape Architectural Profession Act, Act no 45 of 2000	
3.	SACLAP Registration Policy - 4 November 2016	
4.	SACLAP Code of Conduct – 12 March 2012	
5.	SACLAP Rates Table – for this financial year	

Signature Place Date

SACLAP Banking Details are as follows:

Bank: NEDBANK
 Branch: The Grove
 Branch Code 194 405
 Type: Current Account
 Account No.: 1944 033 35 1
 Reference: **Full Name + SACLAP Registration Number**

Proof of payment to be emailed to registrar@saclap.org.za and cc to accounts@saclap.org.za

FOR OFFICE USE

1.	Date Received	<input type="text"/>	Processed by	<input type="text"/>
2.	Date Approved	<input type="text"/>	Approved by	<input type="text"/>
3.	Date of Approval Communication	<input type="text"/>	Communication sent by	<input type="text"/>
4.	Database Entry	<input type="text"/>	Entry by	<input type="text"/>