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Tel:

The fee indicated on this application form is valid from 1 April 2011 to 31 March 2012

SACAP/CPD0004

CPD: APPLICATION FOR EXEMPTION														
Proof of payment of admin for of P1 005 00 /P92 00 + P122 00							ba	Administration fee must be paid directly into SACAP's bank account. Proof of payment must accompany the application						
BANKING DETAILS:														
ACCOUNT NUMBER:	254005 504111	72203												
USE YOUR SACAP ACCOUNT NUMBER WHEN MAKING A PAYMENT PROOF OF PAYMENT MUST ACCOMPANY THE APPLICATION														
DETAILS OF REGISTRATION														
Registration Number:					Date of registration:				: : D M				: Y	
A: PARTICULARS OF APPLICANT:														
Surname:														
First names:														
Title:	Prof	Dr	Mr	Mrs	Ms	Miss								
ID Number:														
Passport Number:														
Work Telephone No:														
Home Telephone No:														
Cell Phone No:														
Facsimile No:														
Business e-mail Address:														
Personal e-mail Address:														
Residential address:														
								Postal	Code:					

Postal address:										
				Postal Code:						
		D.	EVENDTION.	<u> </u>						
		B:	EXEMPTION:							
Exemption requested for Category One			Full E	Exemption (Catego	ries One to Three)					
Reason for Request:	Age (over 65)		Certified copy of ID must be attached							
	Illness		Original Doct	st be attached						
	Incapacity		Provide Deta							
	Pregnancy and e maternity leave	extended	Original Doctor's letter and/or motivation for extended maternity leave to be attached							
	Retrenchment		Proof to be attached							
	Other Motivation and/or proof to be attached									
		C:	DECLARATION	١						
I, the applicant declare that:										
 I am aware of the fact that this application for exemption is only valid for one calendar year To the best of my knowledge all the information contained herein is true and correct 										
Γ	:	:	:							
Date:	D N									
Ciamatura of Applicants										
Signature of Applicant:										
		FOR OF	FICE USE ONL	Υ						
EXEMPTION GRANTED FOR:										
Category One										
Full Exemption (Categories One	e to Three)									
Exemption Period:				to						
	:	:	:							
Date:	D	М	Y	Signature						
DATABASE AMENDED:	·			-						
O. OL AMERICE.	· ·	:	:							
Date:	D	М	Υ	Signature						
CONFIRMATION SENT:										
	:	:	:							
Date:	D	M	Υ	Signature						