

**APPLICATION FORM  
SAVC REGISTRATION EXAMINATION - 2021  
ANIMAL HEALTH TECHNICIANS**

**26 Victoria Link Street, R21 Corporate Park, Nellmapius Drive, Irene  
Tel: 0027 (0)12 345 6360**

**[COMPLETE THE FORM IN BLOCK LETTERS OR IN TYPED FORMAT; THEN PRINT AND SIGN]**

<b>1. Have you previously sat the Full Registration Examination/s?</b>	YES/NO  If YES, supply year/s:
<b>2. Are you currently working in South Africa?</b>	YES/NO  If YES, supply authorisation number:
<b>3. Surname/Family name</b>	
<b>4. First name/s</b>	
<b>5. Identification/Passport number</b>	
<b>6. Nationality</b>	
<b>7. Date of birth</b>	
<b>8. Cell number in South Africa</b>	
<b>9. Cell number abroad</b>	
<b>10. E-mail addresses</b> <i>[Please provide all e-mail addresses]</i>	
<b>11. Postal address</b>	
<b>12. Alternate contact numbers</b> <i>[Please provide all contact numbers. The SAVC Administration should be able to contact applicants/candidates following applications and prior to examinations.]</i>	

<b>13. Secondary Schooling and Tertiary Education with Qualifications obtained (Diploma/Degree) [Excluding Postgraduate qualifications]</b>	
13.1 Institution (Secondary)	
13.2 Date/s obtained	
13.3 Institution (Tertiary)	
13.4 Date/s obtained	
<b>14. Postgraduate Qualifications obtained (Diploma/Degree)</b>	
14.1 Institution/University	
14.2 Date/s obtained	
<b>15. Fees (For Admin only)</b>	
15.1 Administration fee	R517,00
15.2 Examination fee incl admin fee <i>[Proof of payment enclosed]</i>	R17 090,00
<p>I _____ hereby declare that I accept and understand the examination rules for the year in which I intend to sit the examination.</p> <p>I confirm that I have familiarised myself with the SAVC examination documents (A-H) as per the SAVC website (<a href="http://www.savc.org.za">www.savc.org.za</a>).</p> <p>I also accept that registration for the examination does not automatically give me authority to practice as an <u>animal health technician</u> until I pass the examination.</p> <p>Signed _____ Date _____</p> <p>Thus, signed and sworn before me at _____ on this the _____ day of _____ 20____, the deponent having acknowledged that s/he knows and understands the contents of this affidavit, has no objection to taking the prescribed oath and considers it binding on her/his conscience.</p> <p>_____ <b>Commissioner of Oaths</b></p>	

**[NOTE: Any dishonesty in completion of this form will be regarded as serious.]**

[VC6/2/EXAMS/Doc A – AHTS: MAR 2021]