

**APPLICATION FOR DUPLICATE/ REPLACEMENT SAVC REGISTRATION CERTIFICATE**

Application for Duplicate/ Replacement Certificate (Please attach Proof of Payment)  
 Use your Surname & Initial OR Registration Number as payment reference

**R412**

**1. PERSONAL DETAILS**

<b>Names and Surname [As Per ID]</b>			
<b>ID Number or Passport No.</b>			
<b>SAVC Registration Number</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>	

**2. EMPLOYMENT DETAILS**

<b>Employment Status</b>	<b>Employed</b>		<b>Unemployed</b>	
<b>Name of Facility/Employer</b>				
<b>Facility Principal</b>				
<b>Physical Address</b>				
<b>Work Number</b>				

**3. PLEASE CONFIRM THAT YOU HAVE ATTACHED THE SUPPORTING DOCUMENTS**

Mark applicable block with "X"	<b>YES</b>	<b>NO</b>
1) An affidavit confirming that you have lost/ are no longer in possession of the original certificate		
2) Proof of payment of the inscription fee: <b>R412</b>		
<p><b>(Use your initial and surname as payment reference please)</b>            EFT must be paid into SAVC Bank account:            ABSA, Hatfield Branch            (Branch Code: 335 545)            Account Number: 020166762</p>		

**4. FORM, AFFIDAVIT AND PROOF OF PAYMENT MUST BE SENT TO THE FOLLOWING EMAIL ADDRESS:**

Profession	Vets & Specialist	CCS Vets
Email address:	<a href="mailto:vet@savc.org.za">vet@savc.org.za</a>	<a href="mailto:ccs.vet@savc.org.za">ccs.vet@savc.org.za</a>

Profession	AHTs	Vet Nurses	Vet Techs	LATs	Vet Physiotherapist
Email address:	<a href="mailto:aht@savc.org.za">aht@savc.org.za</a>	<a href="mailto:Vet.nurse@savc.org.za">Vet.nurse@savc.org.za</a>	<a href="mailto:Vet.tech@savc.org.za">Vet.tech@savc.org.za</a>	<a href="mailto:lat@savc.org.za">lat@savc.org.za</a>	<a href="mailto:Vet.physio@savc.org.za">Vet.physio@savc.org.za</a>

**5. DECLARATION (please mark applicable block with X):**

<b>HAVE YOU BEEN PROSECUTED / CONVICTED OF A CRIMINAL OFFENCE?</b>	<b>NO</b>	<b>YES</b>
YES (please furnish the particulars)		
<b>HAVE YOU BEEN DISMISSED FROM EMPLOYMENT?</b>	<b>NO</b>	<b>YES</b>
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**

<b>SIGNATURE</b>	<b>DATE</b>

Protection of Personal Information Act, 2013 (POPIA)

We are committed to ensuring the security and protection of the personal information that we process, and to provide a compliant and consistent approach to data protection. As a Data Subject you do have certain rights, including the right to be notified that personal information about you is being collected. A copy of our POPIA Section 18 Privacy Notification – Members is available at our Information Officer or on our website.

Contact details of our Information Officer:

Information Officer: **Mongezi Menye**, Deputy Information Officers: **Dinamarie Stoltz & Ronel Mayhew** Email: [director.legalaffairs@savc.org.za](mailto:director.legalaffairs@savc.org.za); [systems@savc.org.za](mailto:systems@savc.org.za)