

**APPLICATION FORM
SAVC REGISTRATION EXAMINATION - 2026
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]

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

13. Secondary schooling and tertiary education with qualifications obtained (Diploma/Degree) <i>[Excluding postgraduate qualifications]</i>	
13.1 Institution (Secondary)	
13.2 Date/s obtained	
13.3 Institution (Tertiary)	
13.4 Date/s obtained	
14. Postgraduate qualifications obtained (Diploma/Degree)	
14.1 Institution/University	
14.2 Date/s obtained	
15. Fees (For Admin only)	
15.1 Administration fee 15.2 Examination fee <u>including</u> admin fee <i>[Proof of payment enclosed]</i>	R678.00 R22 446.00 Person / entity responsible for payment

I _____ hereby declare that I accept and understand the examination rules for the year in which I intend to sit the examination.

I confirm that I have familiarised myself with the SAVC examination documents (A-H) as per the SAVC website (www.savc.org.za).

I also accept that registration for the examination does not automatically give me authority to practice as an animal health technician until I pass the examination.

Signed _____ Date _____

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.

Commissioner of Oaths

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

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

E-Mail Address:

director.legalaffairs@savc.org.za; systems@savc.org.za

Contact Number:

012 345 6360

[VC6/2/EXAMS/Doc A – AHTS; MAR 2026]