



SOUTH AFRICAN COUNCIL FOR PLANNERS

*International Business Gateway Office Park, Cnr New Road & 6th Road
Midridge Office Park - 1st Floor, Block G. P O Box 1084 Halfway House*

MIDRAND 1685

Tel: 011-318 0460 / 0437 Fax: 011-318 0405

E-Mail: planner@sacplan.co.za

Website: www.sacplan.org.za

Form A3

**SWORN AFFIDAVIT
BY
SUPERVISOR / MENTOR**

I, _____ the undersigned
(FULL NAME AND SURNAME)

ID/Passport Number: _____

hereby make an Oath and Confirm as follows:

1. I am a Registered Professional Planner / Technical Planner in terms of the provisions of the Planning Professions Act, 2002 (Act 36 of 2002) and in this regard I confirm my Registration Number to be

2. I confirm that as a Registered Professional Planner / Technical Planner I am in good standing with SACPLAN.

3. I know and have personal knowledge of:

(FULL NAMES AND SURNAME OF APPLICANT)

in his / her capacity as an applicant for registration status in terms of the aforesaid legislation and I am aware that the applicant in question has identified me as an appointed supervisor / mentor in such application for registration.

4. I confirm that I have personally scrutinized the application documents and record of in-training experience which forms part of the application for registration by said Applicant.
5. I confirm that the in-training experience claimed by the applicant, for which I have inserted my details and signed on the record of experience, is a correct and accurate reflection of the facts so presented and the time periods claimed by the applicant. In confirm this in my capacity as supervisor / mentor, under whose supervision such experience was gained by the applicant.
6. I confirm that, as a Registered Professional Planner / Technical Planner, I am satisfied that the applicant is of good professional standing and has gained sufficient in-training experience to justify registration in terms of the Planning Professions Act, 2002 (Act 36 of 2002) and, should I be called on to do so, I shall testify to such facts in as far as it may be required.
7. I acknowledge that I am bound to the professional rules and codes of conduct of the South African Council for Planners under the aforesaid legislation and attest to this affidavit under such prescripts.

SIGNATORY

I certify that the declarant acknowledges that he/she is conversant with this declaration and understands it, and that the Declarant uttered the following words:

"I swear that the contents of this Declaration are true, so help me God".

STAMP

COMMISSIONER OF OATHS

SIGNED ON THE _____ DAY OF _____ 20 _____

PLACE: _____