



SOUTH AFRICAN COUNCIL FOR PLANNERS

International Business Gateway Office Park, Cnr New Road & 6th Street
Midridge Office Park - 1st Floor, Block G. P O Box 1084 Halfway House
MIDRAND 1685

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E-Mail: planner@sacplan.co.za

Website: www.sacplan.org.za

CHECK LIST APPLICATION AS PROFESSIONAL PLANNER

	Please tick
Application Form included	
Application Form fully completed	
Commissioner of Oath signed	
Section 13(7) Declaration completed and attached	
Commissioner of Oath signed	
Clear Certified copy of Identity Document or Passport included <i>(In case of where the name differs from information in Identity Document, Certified proof must be provided of such name change, e.g. copy of Marriage Certificate)</i>	
Certified copies of Qualification(s)	
Summary of Practical Training Report (Form A1) completed and included	
Completed Practical Training Report (Form A2) completed and included	
Is the person(s) that signed your Practical Training Report Registered as a Professional Planner(s) with SACPLAN <i>(In respect of all persons signing your Practical Training Report)</i>	
Is the person(s) / supervisor/s that signed your Practical Training Report Registered as a Professional Planner(s) with SACPLAN in Good Standing	
Is the Applicant in Good Standing	
Sworn Affidavit by Supervisor(s) included – Form A3 <i>(Sworn Affidavits must be included for each Supervisor separately)</i>	
Checked that the Practical Training shown is not more than the period during which the practical training was undertaken	
Payment in full <i>(proof of payment attached)</i>	
Registration Fee	
Annual Fee	

SIGNATURE OF APPLICANT: _____