



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

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 in such application for registration.

4. I confirm that I have personally scrutinized the application documents and record of experience which forms part of the application for registration by said Applicant.

5. I confirm that the 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, 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 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: _____