AESAP
REGISTRATION COUNCIL FOR
ARCHITECTS, ENGINEERS,
SURVEYORS & ALLIED
PROFFESIONALS

APPLICATION FORM

REGISTRATION AS A CANDIDATE/PROFESSIONAL EVALUER

A: PARTICULARS OF APPLICANT

(Please tick the applicable block where applicable)

Surname:	
First names:	
Title:	**Mr.** **Mrs.** **Ms** **Miss** **Other:**
Date of Birth:	: (D) : (M) : (Y)
ID Number:	
Passport Number:	
Nationality:	
Gender:	**Male** **Female**
Work Telephone No:	
Home Telephone No:	
Cell Phone No:	
Facsimile No:	
Business e-mail Address:	
Personal e-mail Address:	
Residential address:	Postal Code:

Postal address:			
		Postal Code:	

B: EMPLOYMENT DETAILS

PREVIOUS EMPLOYMENT:
Give full account of practical experience which you gained in the office of a registered Engineering Professional after completion of your studies, in chronological order from the oldest to the most current:

Name of Company:				
Date of Employment:	**From:**		**To:**	
Name of Principal:				
Contact Details of Principal:	**Telephone Number:**			
	Cell phone Number:			
	Facsimile Number:			
	E-Mail Address:			
Type of Work Carried Out During Employment:				

Name of Company:				
Date of Employment:	**From:**		**To:**	
Name of Principal:				
Contact Details of Principal:	**Telephone Number:**			
	Cell phone Number:			
	Facsimile Number:			
	E-Mail Address:			
Type of Work Carried Out During Employment:				

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Name of Company:				
Date of Employment:	**From:**		**To:**	
Name of Principal:				
Contact Details of Principal:	**Telephone Number:**			
	Cell phone Number:			
	Facsimile Number:			
	E-Mail Address:			
Type of Work Carried Out During Employment:				

Should this space be inadequate, please supply further information on a loose sheet/s, inserted in this application form, in the same format as stipulated above.

CURRENT EMPLOYMENT:

Name of Company:			
Date of Employment:	:	:	:
	D	**M**	**Y**
Name of Principal:			
Principal's contact number:			
Principal's e-mail address:			
Discipline:			

Number of Principals in the Company:	
Number of Employees in the Company:	

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C: PROFESSIONAL QUALIFICATIONS

EVALUATING QUALIFICATIONS:

Examinations passed

A certified copy of each certificate must be attached

Qualifications obtained	Educational Institution	Years of Study	Enrolment date	Graduation Date

OTHER (NON-EVALUATING) QUALIFICATIONS:

Examinations passed

A certified copy of each certificate must be attached

Qualifications obtained	Educational Institution	Years of Study	Enrolment date	Graduation Date

D: Application to register in terms of the Architects, Engineers, Surveyors and Allied Professionals Act, 2013 (Act No. 15 of 2013), as: (Please tick the applicable block)

CANDIDATE VALUER ☐ PROFESSIONAL VALUER ☐

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E: MEMBERSHIP OF VOLUNTARY ASSOCIATION OR PROFESSIONAL BODY

(If more space is needed, please supply information separately.)

Name of Association / Institute / Society/Council	Membership grade and date accepted	Date of Application

F: PROPERTY VALUATION HISTORY:

1) Do you presently specialize in the valuation of any particular type of property: **YES** **NO** ☐ ☐

IF YES, SPECIFY: _____

2) Were your valuations subject to dispute in any court/valuation board/arbitration board: **Y ES** **NO** ☐ ☐

IF YES, IN HOW MANY CASES HAVE YOU BEEN CALLED UPON TO GIVE EVIDENCE?

High Court ☐ Other Courts ☐

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3) Have you at any time by reason of improper conduct been dismissed from a position of trust: **YES** **NO** ☐ ☐

IF YES, GIVE DETAILS: _____

4) Have you ever been convicted of any offence involving an element of dishonesty: YES NO ☐ ☐

IF YES, GIVE DETAILS: _____

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G: My Application fee of E _____ (cheque/receipt) is enclosed herewith.

H: DECLARATION

I, _____ (full names)
hereby apply for **Registration with the Council** and undertake to abide by all the provisions of the **Registration of Architects, Engineers, Surveyors and Allied Professionals Act, 2013 (Act No. 15 of 2013)** and any **Rules** published there under, including the **Code of Professional Conduct**. I solemnly declare that, to the best of my knowledge, all the information contained herein is true.

Signature: _____

Sworn to/Affirmed before me at _____

on this the _____ day of _____(month & year).

Commissioner of Oaths/Justice of Peace: …….
(Commissioner's stamp)

Office Use Only

Application fee: *E* _____

Received by: _____ *Date:* _____

(Council's stamp)