



# Registration Form Professional

Type of Professional  Architect  Senior Architectural Technologist  
 Architectural Technologist  Architectural Draughtsperson  
 Company profile  Attached (if applicable)  
 SACAP Registration  Attached  
 Preferred Supplier Listing - Annual (Optional)  Yes  No

### COMPANY INFORMATION (if applicable)

Registered Company   
  
 Trading As   
 Contact No  Fax   
 Registration number  /  /   
 VAT number   
 Physical Address   
  
  
 Postal Address

### PROFESSIONAL INFORMATION

Full Name   
 Surname   
 Contact No   
 E-mail   
 SACAP number

I hereby certify that the information provided above is correct and that I have received a copy of the latest version of the Koro Creek HOA Annexure A and that I have acquaint myself with the contents thereof.

\_\_\_\_\_  
 Architect / Draftsman   
Date

FOR OFFICE USE ONLY			
Form Received By	<input type="text"/>	Date	<input type="text"/>
Payment for	<input type="text"/>		
Payment Received by	<input type="text"/>	Inv/Receipt Nr	<input type="text"/>
Method of Payment	<input type="checkbox"/> CC <input type="checkbox"/> EFT <input type="checkbox"/> Cash		
SMS System Updated By	<input type="text"/>	Date	<input type="text"/>
Database Updated By	<input type="text"/>	Date	<input type="text"/>