



SOUTH AFRICAN COUNCIL FOR PLANNERS

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Form A3

SWORN AFFIDAVIT
BY
SUPERVISOR/MENTOR

I, the undersigned

(FULL NAME AND SURNAME)

ID Number hereby make 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 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.

3. 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.

4. 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.

5. 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.

6. 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”.

COMMISSIONER OF OATHS:

DATE:

PLACE: