



SOUTH AFRICAN
GEOMATICS COUNCIL

Established by Act 19 of 2013

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FORM GPr HS (1a)

APPLICATION FOR REGISTRATION AS A
GEOMATICS PROFESSIONAL : HYDROGRAPHIC SURVEYOR
In terms of
ACT NO 19 OF 2013 : GEOMATICS PROFESSION ACT 2013

The Registrar
South African Geomatics Council

I the undersigned, (Full Names) -----

of (Address) -----

hereby apply for registration as *a Geomatics Professional : Hydrographic Surveyor*.

I **swear/make affirmation** and declare that the contents of this application are true, and further :

- (a) That I am the person mentioned on the certified copies of qualifications which I wish to be entered in the Register and which are hereby submitted in support of my application;
- (b) That I am not according to law detained as a mentally ill person;
- (c) That I have never been convicted of an offence and sentenced in respect thereof to imprisonment without the option of a fine;
- (d) That I have never been removed from an office of trust on account of improper conduct;
- (e) That I **am/am not** insolvent and that I **have/have not** assigned my estate for the benefit of creditors, and that I **have/have not** compounded with my creditors.

Place

Date

Signature

NOTE : *This must be signed before a Commissioner of Oaths.*

I certify that before the deponent made the *oath/affirmation* I asked *him/her* the following questions and wrote down *his/her* answers in *his/her* presence:

(I) Do you know and understand the contents of this declaration?

Answer:

(ii) Do you have any objection to taking the prescribed *oath/making the prescribed affirmation*?

Answer: _____

(iii) Do you consider the prescribed *oath/affirmation* to be binding on your conscience?

Answer: _____

I certify that the deponent has acknowledged that *he/she* knows and understands the contents of this declaration, which was *sworn to/affirmed* before me, and that the respondent's signature was placed thereon in my presence.

Commissioner of Oaths: _____

Designation (Rank): _____

Date: _____

Delete whichever is not applicable

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PERSONAL INFORMATION

- 1 Full Name(s) of Applicant _____
- 2 Postal Address _____

- 3 Telephone (W) ; _____ Fax ; _____
- 4 Cell _____ -e-mail _____
- 5 Date of Birth _____
- 6 Identity Number ◆ _____
◆ Please include certified copies of your identification document and degree certificate.
- 7 Current Employer _____
- 8 Present Position _____
- 9 Date Appointed _____
- 10 Previous Employer(s) _____

- 11 Tertiary Academic Qualifications: ◆
◆ Please include certified copies of your identification document and degree certificate.

Qualification	Institute	Date Completed

- 12 Summary of Surveying Experience : (Please include a Work History CV)

- 13 Signature of Applicant: _____ Date: _____