## PROPERTY VALUERS PROFESSION

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### IMPORTANT ANNOUNCEMENT

### **APPLICATION FORM FOR PRACTICAL WORK-SCHOOL: 2025**

1	Perso	nal	Info	rma	tion

Surname:	Name(s):
Reg. No.:	Reg. Category:
Contact No.:	Email:

#### 2. Who should attend the Work-school?

- \* A Candidate Valuer (including a Candidate Single Residential Property Assessor) in his/her final year of study for an accredited valuation qualification and will be graduating in 2026.
- \* A Candidate Valuer who has completed his/her accredited property valuation qualification and wish to apply for the admission examination.
- \* All registered professionals (Professional Associated and Professional valuers) who would like to attend and acquire CPD (Continuing Professional Development) points; and
- any other non-registered person.

3. W	3. Work-school Package (Tick the appropriate box): 25 - 29 August 2025				
	5 days Registered person R8 500.00	Non-Registered person R9 200.00			
	1 day (R2000.00). CPD or Refresher (must have attended the	work-school before)			
4. C	andidate Single Residential Property Asses	ssors (CSRPA)			
	3 days = R4 500.00				

## 5. Banking Details

Bank	Bank Acc Number	Type	Branch
ABSA	214 0285 741	Current Account	Menlyn - 632005

The SACPVP, a juristic person established by section 2 of the Property Valuers Profession Act, 2000 (Act No. 47 of 2000)

**Council Members:** 

Cloete J F (President), Letsholo T M (Vice President), Chidi M, Cowden G M, Ramlugaan R, Matseba M H, Letsaba S R, Viljoen H M

Registrar: Naidoo N D

# **PLEASE NOTE AS FOLLOWS:**

- 1. Use your registration number as reference <u>or</u> name and surname for those that are not registered with the Council
- 2. Kindly send this registration form and proof of payment to Ms. LB Monyela at <a href="lerato@sacpvp.co.za">lerato@sacpvp.co.za</a> or Mr. P Ntsweng at <a href="mailto:admin@sacpvp.co.za">admin@sacpvp.co.za</a> on or before **31 July 2025**.
- 3. Only those persons who have paid will be ensured of a reserved booking for the work school.

SURNAME AND FIRST NAMES	
SIGNATURE	-
DATE:	

# **6. For office use -** Payment received:

Yes	No