



REGISTRATION NO  
[ ][ ][ ][ ][ ][ ]

# PROFESSIONAL VALUERS ASSOCIATION (PVA)

ESTABLISHED IN TERMS OF THE PROPERTY VALUERS PROFESSION ACT, 2003 (ACT NO. 47 OF 2000)

POSTAL ADDRESS: P O BOX 1921, WESTVILLE, 3630

TELEPHONE NUMBERS :(031) 2667515  
FAX NUMBER: (031) 2663981  
E-MAIL:info@pva.co.za  
WEBSITE: [www.pva.co.za](http://www.pva.co.za)

**ALL QUESTIONS APPLICABLE TO YOUR APPLICATION MUST BE ANSWERED.  
COMPLETE THIS FORM IN BLOCK LETTERS AND, WHERE APPLICABLE, MAKE A CROSS(X) IN THE  
APPROPRIATE BLOCK.  
USE POSTAL ADDRESS FOR ALL POSTAL CORRESPONDENCE.**

MEMBERSHIP TYPE: Member:  Affiliate Member:

**THIS FORM MUST BE ACCOMPANIED BY THE FOLLOWING:**

- |  |  |
|--|--|
| 1. Appropriate Registration Fee (As directed)        | 2. SACPVP Registration Certificate / Other as directed |
| 3. Proof of academic qualifications (Certified Copy) | 4. ID / Passport (Certified Copy)                      |

1. **PERSONAL PARTICULARS:**

0	1	2	3	4	5
PROF	DR	MR	MRS	MISS	MS

1.1 SURNAME:.....

1.2 FIRST NAMES: .....

1.3 ID NO [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] DATE OF BIRTH: [ Y ][ Y ][ Y ][ Y ][ M ][ M ][ D ][ D ]

1.4 RESIDENTIAL ADDRESS: 1.5 BUSINESS ADDRESS: 1.6 POSTAL ADDRESS:

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.....

.....(POSTAL CODE) .....(POSTAL CODE) ..... (POSTAL CODE)

1.7 TEL NO: (.....)..... 1.8 TEL NO: (.....)..... 1.9 FAX NO: (.....).....

1.10 MAGISTERIAL DISTRICT: ..... 1.11 CELL NO: .....

1.12 E-MAIL: .....

2. ARE YOU ORDINARILY RESIDENT IN THE REPUBLIC OF SOUTH AFRICA: YES  NO

**3. GIVE PARTICULARS OF YOUR ACADEMIC QUALIFICATIONS:**

QUALIFICATION	ACADEMIC INSTITUTION	YEAR

3.1 ANY OTHER EXAMINATIONS PASSED .....

.....

**4. MEMBERSHIP OF VALUERS RELATED VOLUNTARY ASSOCIATION / ORGANISATION:**

ORGANISATION	YEAR OF ADMISSION

**5. EXPERIENCE IN THE VALUATION OF IMMOVABLE PROPERTY:**

5.1 NAME AND ADDRESS OF PRESENT EMPLOYER:.....

.....

5.2 YOUR DESIGNATION / POSITION:.....

5.3 PRESENT POSITION HELD SINCE:     

5.4 ENGAGEMENT IN PROPERTY VALUATION:    PART-TIME                       FULL TIME

5.5 IF PART TIME, WHAT IS YOUR MAIN OCCUPATION :.....

**6. PROPERTY VALUATION HISTORY:**

6.1 DO YOU PRESENTLY SPECIALISE IN THE VALUATION OF ANY PARTICULAR TYPE OF PROPERTY:    YES     NO

6.2 IF YES, SPECIFY:.....

6.3 ARE YOU AN APPRAISER APPOINTED IN TERMS OF THE ADMINISTRATION OF ESTATES ACT, 1965    YES     NO

6.4 IF YES, FOR WHICH MAGISTERIAL DISTRICT(S) :.....

6.5 YEAR OF APPOINTMENT:     

6.6 HAVE YOU AT ANY TIME BY REASON OF IMPROPER CONDUCT BEEN DISMISSED FROM A POSITION OF TRUST: YES     NO

6.7 HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE INVOLVING AN ELEMENT OF DISHONESTY:    YES     NO

6.8 IF YES, GIVE DETAILS: .....

**7. DECLARATION BY APPLICANT:**

I, ..... **SOLEMNLY DECLARE THAT THE ABOVE PARTICULARS ARE**

**TRUE AND CORRECT:**

SIGNATURE: ..... SIGNED AT:..... DATE:..... 20 .....

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**FOR OFFICE USE**

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DATE RECEIVED: ..... / ..... / 20 .....

ATTACHMENTS:

YES NO

YES NO

1. REGISTRATION FEE: R...


4. SUPERVISOR'S LETTER


2. SACPVP CERTIFICATE

5. ID OR PASSPORT COPY

3. PROOF OF QUALIFICATIONS

6. EXPERIENCE (> 5 years)

CONTACT APPLICANT FOR:

CONDITIONS AND RESTRICTIONS OF APPLICATION:

.....  
.....

.....  
.....

ON..... / ..... / 20 .....

**Bank Details:**

Acc. Holder:                    **Professional Valuers Association**  
Bank:                            **First National Bank**  
Acc. No.:                        **62334286798**  
Branch:                         **Westville**  
Branch Code:                 **223526**