



THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL
APPLICATION FOR REGISTRATION OF A DENTAL LABORATORY

1. **IS THIS APPLICATION FOR THE REGISTRATION OF:-**
(PLACE AN 'x' WHERE APPLICABLE)

A new laboratory

Re-opening of an existing laboratory

Relocation of an existing laboratory

Change in ownership of an existing laboratory (Change in partnership, association or members of a juristic person)

2. **PARTICULARS OF APPLICANT:-**

2.1 **Full names and Surname:** _____

2.2 **I.D. Number:** _____

2.3 **Home Address:** _____

2.4 **Postal Address:** _____

Postal Code: _____

2.5 **Telephone number:** _____

2.6 **Cell phone number:** _____

2.7 **E-mail address:** _____

If a partnership, association of juristic person (Company or Closed Corporation), kindly provide the names and occupation of all partners or members of the juristic person.

Full names and Surname

Occupation

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2.8 PLEASE INDICATE YOUR PREFERRED LANGUAGE OF CORRESPONDENCE

English: _____ Afrikaans: _____

3. PROPOSED NAME FOR THE DENTAL LABORATORY:

4. CONTACT DETAILS FOR THE DENTAL LABORATORY:

Physical Address: _____

_____ Code: _____

Postal Address: _____

_____ Code: _____

Telephone number: _____

Fax number: _____

Cell phone number: _____

E-mail address: _____

**5. TYPE OF DENTAL WORK TO BE DONE IN LABORATORY:
(PLEASE MARK WITH AN 'X' WERE APPLICABLE)**

PROSTHETIC	CROWN & BRIDGE	CHROME COBALT	ORTHODONTICS	GENERAL
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6. PROPOSED DATE OF COMMENCEMENT OF ACTIVITIES:

Day _____ Month _____ Year _____

7. PARTICULARS OF PERSON SUPERVISING ACTIVITIES IN LABORATORY:

Name(s) and surname: _____

I. D. Number: _____

Qualification (mark the applicable qualification with an 'X', and provide certified copies of said qualification(s))

National Diploma	National Higher Diploma	B.Tech: Dental Technology	Degree in Dentistry
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Date of registration as Dental Technician/Technologist with the S.A.D.T.C.

8. IF IT IS AN EXISTING LABORATORY AS IN LAST THREE (3) INSTANCES OF ITEM 1, WHAT IS:

Name of existing laboratory: _____

Address of existing laboratory: _____

_____ Code: _____

9. DETAILS OF ALL EMPLOYEES (REGISTERED DENTAL TECHNICIANS/TECHNOLOGISTS AS WELL AS SUPPORT STAFF)

Name:

Occupation/Position

I hereby certify that the above particulars are true and correct and trust that I am conversant with the requirements and rules, as set out in government gazette o. 8058 dated 26th February 1982, and that my laboratory complies with the abovementioned requirements.

I further undertake to run my laboratory in accordance with the provisions of the Dental Technicians Act (Act 19 of 1979) as amended by the Dental Technicians Amendment Act (Act 43 of 1997) and the Regulations promulgated thereunder.

Signed at _____ on this _____ day of _____
_____ 20_____.

SIGNATURE OF APPLICANT

REGISTRATION FEES PAYABLE

LABORATORY REGISTRATION 2016	R8000-00
LABORATORY CONTRACTOR ANNUAL FEE	R4000-00
CHANGE IN OWNERSHIP 2016	R1000-00
RELOCATION OF DENTAL LABORATORY 2016	R1976-00

BANKING DETAILS

ACCOUNT HOLDERS NAME: SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL
BANK: ABSA BANK
BRANCH: PRETORIA
CODE: 32 33 45
ACCOUNT NUMBER: 233 014 2955

Kindly note that when making payment, the reference number i.e. TE/LA is to be used as a reference. Upon successful completion of transaction, kindly fax through the proof of payment to (012) 342 4469 clearly marked for the attention of Ms Khosi Mkhonza. Follow-up is to be made to confirm receipt of the telefax!