



THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL

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APPLICATION FOR RESTORATION TO THE REGISTER

(Section 22 of Act 19 of 1979)

The Registrar
South African Dental Technicians Council
P O Box 995
PRETORIA
0001

I, (full names and surname)

.....

of (address)

Postal address

Laboratory address:

Tel. Nr. (Work) Tel. Nr. (Home)

Cell. Nr. E-mail

being desirous that my name should be restored to the register of dental technicians/technologists for the Republic of South Africa, hereby make oath and declare that I am the person mentioned in the accompanying certificate of registration issued to me by the South African Dental Technicians Council and dated

I also declare that I have never in any country been convicted of any offence against the law or been debarred from practice by reasons of misconduct and to the best of my knowledge and belief no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at the present time.

Date

Signature

Sworn to/affirmed before me at this day

of 20.....

.....
SIGNATURE OF THE JUSTICE OF THE PEACE OR COMMISSIONER OF OATHS

*If the applicant is unable to make the declaration in the second paragraph of this form, the Council, in order to consider the application, will require full particulars of the reasons for his inability to do so.