



**THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL
APPLICATION FOR VOLUNTARY ERASURE FROM THE REGISTER**

(Section 24 (1) (e) of Act 19 of 1979)

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The Registrar
South African Dental Technicians Council
P O Box 14617
HATFIELD
0028

I, (full names and surname)

TE Number LA Number

of (address)

(Postal Address).....

Laboratory address:

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

Cell Nr..... E-mail

being a duly registered dental technician/dental technologist hereby apply that my name should be removed from the Council's register of dental technicians/technologists.

I hereby make an oath and declare that I have never in any country including the Republic of South Africa 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.