



THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL
APPLICATION FOR REGISTRATION AS A STUDENT DENTAL TECHNOLOGIST
 (Section 19 of Act 19 of 1979)

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

I, the undersigned, (Full names and surname)

Residential address

Postal code.....

Postal address.....

Postal code.....

Tel. Nr (home)..... Cell Nr

E-mail (personal)

Date of birthIdentity number

Hereby apply for registration as a dental technologist and declare that:

1. I am the person mentioned in the accompanying qualification, namely-
 THE DIPLOMA IN DENTAL TECHNOLOGY dated submitted by me in support of
 my application to be registered as a student dental technologist in the republic of South Africa.
2. The said qualification was granted to me after examination and is my own lawful property, and
 entitles me, as far as professional qualifications are concerned, to enrol for the B.Tech: Dental
 Technology Degree;
3. I have never in any country been convicted of any offence against the law, 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 me at thisday
 of 20.....

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

*If the applicant is unable to make the declaration in paragraph 3, the council, in order to consider the application, will require full particulars of the reasons for his inability to do so.