

# Architectural Practice Board of South Australia

## Application for Exemption from Professional Indemnity Insurance

Form 13

Any person seeking registration without professional indemnity insurance is required to satisfy the Board that there are appropriate reasons for an exemption to apply.

Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Registration Number \_\_\_\_\_

### REASON FOR EXEMPTION

Retired or not practising

*Date ceased practise* \_\_\_\_\_

Practising exclusively outside of South Australia  
Country or State/Territory residence  
\_\_\_\_\_

Leave of absence from employment  
(eg. maternity, paternity/carers leave)

Period of leave \_\_\_\_\_

Other reason  
\_\_\_\_\_

*(if insufficient space please attach further details)*

Please attach supporting documentation (eg. letter from employer confirming period of leave, medical certificate, etc.)

### NON PRACTISING

I confirm that I will not practise in South Australia for the next twelve months or (if applicable) from \_\_\_\_\_ to \_\_\_\_\_

I am renewing my application for exemption and also confirm that I did not practise in South Australia during the previous 12 month registration period.

### DECLARATION BY APPLICANT

I do solemnly and sincerely declare that the statements made in this application are true and correct in every particular to the best of my knowledge and belief; that I am the person named in the attached documents and that I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1936*.

Full Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

dated this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

Declared at \_\_\_\_\_

Before me \_\_\_\_\_  
Signature

Print name \_\_\_\_\_

### Indicate whichever is applicable

A Justice of the Peace

A Commissioner for Taking Affidavits

A Notary Public

A Proclaimed Member of the Police Force  
*(must include name of town or place where situated)*

*NOTE: All witnesses must provide their registration or identity number and if applicable, their seal or stamp when witnessing the Declaration and any certified accompanying documentation.*