

# ANNUAL FEE REMITTANCE ADVICE



**South African Nursing Council**  
Regulating nursing, advocating for the public

## PERSONAL DETAILS

S A Nursing Council reference number	
Title	
Initials	
Surname	
<i>(If your surname has changed by marriage, a certified copy of your marriage certificate must be submitted.)</i>	
Given names in full	
Maiden name (if applicable)	
Postal address	
<i>(Unless otherwise indicated, your address in the Council's records will be changed to this address)</i>	
Telephone number	
Mobile phone number	
Date of birth ( yyyy / mm / dd )	/ /
South African Identity number	

## ANNUAL FEE PAID

Bank guaranteed cheque	R	,	
Postal order	R	,	
Transfer from foreign bank (specify currency)		,	<b>Currency:</b>
<b>Total amount paid</b>	<b>R</b>	<b>,</b>	

I certify that the information on this remittance advice is true and correct.

Signature of applicant	
Date ( yyyy / mm / dd )	/ /

SANC – 16.3 (2011-01-26)

### S A Nursing Council – Contact Details

The Registrar  
South African Nursing Council  
P O Box 1123  
PRETORIA  
0001

Tel: 012 420-1000  
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Email: registrar@sanc.co.za