

## APPLICATION FOR VOLUNTARY REMOVAL FROM THE REGISTER

<b>SANC REFERENCE NUMBER</b>	
<b>GIVEN NAMES</b>	
<b>SURNAME</b>	
<b>MAIDEN NAME</b> (if applicable)	
<b>IDENTITY NUMBER</b>	
<b>RESIDENTIAL ADDRESS</b>	
<b>POSTAL ADDRESS</b> (all correspondence will be posted to this address)	
<b>CONTACT NUMBERS</b> Work / Home	( ___ ) _____ Ext _____ / ( ___ ) _____

I request that my name be removed from the Register on (date) 20 \_\_ / \_\_ / \_\_  
Enclosed is my current original Annual Practising Certificate.

20 \_\_ / \_\_ / \_\_  
DATED

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SANC-7 (2019-03-01)



Cecilia Makiwane Building,  
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