

UPDATING OF PERSONAL DETAILS FOR MEMBER REGISTER

In preparation for the implementation of its new information technology system, the South African Nursing Council is also updating its member register. To assist in this, all practitioners are requested to kindly submit the following:

| | | | | | | | | | | | | |
|--|----------------------------|-----|-----|-------|--|--|--|--|--|--|--|--|
| Email address | personaldetails@sanc.co.za | | | | | | | | | | | |
| SA Nursing Council Reference Number: | | | | | | | | | | | | |
| Title: <i>(tick ✓ one box)</i> | Dr. | Mr. | Ms. | Prof. | | | | | | | | |
| Surname: <i>(For change of surname, please attach a certified copy of marriage certificate/decree of divorce and the new ID book).</i> | | | | | | | | | | | | |
| Given Names: <i>(in full)</i> | | | | | | | | | | | | |
| Maiden Name: <i>(if applicable)</i> | | | | | | | | | | | | |
| South African Identity Number: | | | | | | | | | | | | |
| Passport Number: | | | | | | | | | | | | |
| Physical Address: | | | | | | | | | | | | |
| Postal address: | | | | | | | | | | | | |
| Email address: | | | | | | | | | | | | |
| Cell phone number: | | | | | | | | | | | | |
| Other telephone numbers: | | | | | | | | | | | | |
| Employers Name: | | | | | | | | | | | | |
| Practice Number for Private Practitioners: | | | | | | | | | | | | |

Signature: _____

Date: _____



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