

Application for Examination Re-assessment

Candidate's Personal Details

SA Nursing Council Reference Number	1																
Surname																	
Given Names <i>(in full)</i>																	
Date of Birth <i>(yyyy-mm-dd)</i>	Y	Y	Y	Y	-	M	M	-	D	D							
South African Identity Number																	
Email address Re-assessment results are not sent by SMS/post. Please ensure a valid email address.																	

Declaration by the Applicant

I hereby apply for re-assessment of my examination answer book(s) for the following examination

Name of examination																	
Date of examination <i>(month and year only)</i>																	
Signature																	
Date <i>(yyyy-mm-dd)</i>	Y	Y	Y	Y	-	M	M	-	D	D							

Banking Details

<ul style="list-style-type: none"> This form and fee must reach SANC on or before the closing date as stipulated on the examination results covering letter sent to the Nursing Education Institution. Candidate to apply for re-assessment of theory only. The marks allocated to a candidate upon on re-assessment, shall be final and binding. 	
Name of Bank	FIRST NATIONAL BANK
Account Number	51425166282
Account type	Current Account
Branch Code	25 15 45
Reference with payment	Your SANC reference number followed by REMAFEE (eg 12345678REMAFEE)
Amount Payable for 2023	R1 020.00
Email Proof of Payment to	Email: exams@sanc.co.za

SANC 20 (2023-01-12)



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SANC Fraud Hotline: 0800 20 12 16



website: www.sanc.co.za