

Completion of Community Service Report (cont.)

Declaration by Provincial Coordinator for Community Service

I certify that the above-named practitioner has completed the 12-month period of Community Service required in terms of the regulations and is now eligible to be registered as Professional Nurse.											
Signature											
Full Names and Surname											
Date	Y	Y	Y	Y	-	M	M	-	D	D	

Banking Details

Name of the Bank	First National Bank (FNB)	FOR OFFICE USE ONLY
Name of Account Holder	South African Nursing Council	Card
Account Number	514 2118 6193	Direct deposit
Branch Code	25 15 45	
Amount payable	R1 580-00 (including VAT) (R1 580 equals R790-00 for registration as a Nurse plus R790-00 for registration as Midwife)	
Deposit Reference	Your SANC reference number and the word REGFPRA (eg. 12345678REGFPRA)	
Fax proof of payment to	012) 426 9516	

SANC-4-25 (2023-01-01)



Cecilia Makiwane Building,
602 Pretorius Street, Arcadia, Pretoria 0083
Private Bag X132, Pretoria 0001,
Republic of South Africa



Tel: 012 420 1000
Fax: 012 343 5400
SANC Fraud Hotline: 0800 20 12 16



website: www.sanc.co.za

Chairperson: Dr M Molepo, Vice Chairperson: Dr S Zuma, Acting Registrar & CEO: Ms J Nxumalo

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