



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

## Application for Transcript and/or Verification (Good Standing)

<b>Purpose of Application</b> (tick <input type="checkbox"/> one)	<b>Transcript</b>	<b>Verification</b>
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### Personal Details

SA Nursing Council Reference Number	1																			
Title (tick <input type="checkbox"/> one)	Dr	Mr	Ms	Prof																
Surname																				
Given Names (in full)																				
Maiden Name (if applicable)																				
Gender (tick <input type="checkbox"/> one)	Female						Male													
Date of Birth	Y	Y	Y	Y	-	M	M	-	D	D										
South African Identity Number																				
<b><u>OR</u> alternatively, for those applicants who do not have a South African Identity Number</b>																				
Passport Number																				
Passport Country of Issue																				
Passport Issue Date																				
Passport Expiry Date	Y	Y	Y	Y	-	M	M	-	D	D										



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website: [www.sanc.co.za](http://www.sanc.co.za)

## Application for Transcript and/or Verification (Good Standing) (cont.)

### Regulatory Body / Organisation's Contact Details

Name of Institution													
Physical Address <i>(delivery address for document)</i>													
	Post code												
Postal Address <i>(if different from physical address)</i>													
	Post code												
Contact number	(				)								
Email address													
Institution's official form attached <i>(tick <input type="checkbox"/> one)</i>	Yes						No						

### Declaration by the Applicant

Signature													
Date	Y	Y	Y	Y	-	M	M	-	D	D			

### Banking Details

Name of Bank	FIRST NATIONAL BANK
Account Number	514 2118 6193
Branch Code	25 15 45
Reference with payment	Your SANC reference number followed by VERIFEE <b>OR</b> followed by TRANFEE <i>(eg 12345678VERIFEE or eg 12345678TRANFEE)</i>
Amount Payable for 2023	<b>R2 330.00</b>
Email Proof of payment to	Email: <a href="mailto:foreign@sanc.co.za">foreign@sanc.co.za</a>