

Application for Certificate of Registration: Foreign Qualification

Personal Details

SA Nursing Council Reference Number	1																		
Title <i>(tick one box)</i>	Dr	Mr		Ms															
Surname																			
Given Names <i>(in full)</i>																			
Maiden Name <i>(if applicable)</i>																			
Date of Birth	Y	Y	Y	Y	-	M	M	-	D	D									
South African Identity Number																			
OR alternatively, for those applicants who do not have a South African Identity Number:																			
- Passport Number																			
- Passport Country of Issue																			
- Passport Issue Date	Y	Y	Y	Y	-	M	M	-	D	D									
- Passport Expiry Date	Y	Y	Y	Y	-	M	M	-	D	D									

Contact Details

Postal Address <i>(address for all correspondence)</i>																			
Contact Number	()													
Email Address																			



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

Application for Certificate of Registration: Foreign Qualification (cont.)

Qualification Details

Qualification <i>(as stated on Certificate/Diploma)</i>	
Name of Training Institution	
Date of completion of course	Y Y Y Y - M M - D D

Payment Details

Name of Bank	FIRST NATIONAL BANK
Account Number	514 2118 6193
Branch Code	25 15 45
Reference	Your SANC reference number followed by REGFPRA <i>(eg. 12345678REGFPRA)</i>
Amount Payable per Certificate	R 790.00
Fax proof of payment to	(012) 426 9516
Signature of Applicant	
Date	Y Y Y Y - M M - D D

SANC-3.2 (2023-01-01)



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