

Application for Certificate of Registration: Foreign Qualification

Personal Details:																	
SA Nursing Council Reference Number																	
Title	(tick √ one box)	Dr		Ν	Mr			Mrs			Ms			Λ	Miss		
Surname																	
Given Names (in full)																	
Maiden Name (if applicab	le)																
Date of Birth	(yyyy-mm-dd)	Υ	Υ	Υ	Υ	-	M	M	-	D	D						
South African Identity Number																	
OR alternatively, for those	applicants who do	not l	have	a So	outh	Afri	can lo	dent	ity Nu	ımbe	er:						
- Passport Number																	
- Passport Country of Iss				1					_		1						
- Passport Expiry Date	(yyyy-mm-dd)	Υ	Υ	Υ	Υ	-	M	M	-	D	D						
Contact Details:																	
Postal Address (address fo	or all																
correspondence)																	
Contact Number		()											
Email Address				1	ı							ı			ı		
Qualification Details:																	
Qualification (as stated on	1																
Certificate/Diploma)																	
Name of Training Institution																	
Date of completion of cou	rses (yyyy-mm-dd)	Υ	Υ	Υ	Υ	-	M	M	-	D	D						
Payment Details:																	
Name of Bank		FIF	RST N	ITAI	ONA	AL BA	ANK										
Account Number		514 2118 6193															
Branch Code			15 4														
Reference							numk	oer f	ollowi	ing by	y RE	GFPF	≀A e	g.			
Amount Payable per Certificate		12345678REGFPRA R 840.00															
Fax proof of payment to		(012) 426 9516															
. , , ,																	
Signature of Applicant																	
Date	(yyyy-mm-dd)	Υ	Υ	Υ	γ	1	- 1	M	M	-	D	D					

SANC-22 (2024.01.01)



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



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