Application for Certificate of Registration: Foreign Qualification

Personal Details:

SA Nursing Council Reference Number								
Title *(tick ✓ one box)*	Dr		Mr		Mrs		Ms		Miss
Surname								
Given Names (in full)								
Maiden Name (if applicable)								
Date of Birth *(yyyy-mm-dd)*	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 Expiry Date *(yyyy-mm-dd)*	Y Y Y Y - M M - D D							

Contact Details:

Postal Address (address for all correspondence)	
Contact Number	( )
Email Address	

Qualification Details:

Qualification (as stated on Certificate/Diploma)	
Name of Training Institution	
Date of completion of courses *(yyyy-mm-dd)*	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 following by REGFPRA eg. 12345678REGFPRA**
Amount Payable per Certificate	**R 840.00**
Fax proof of payment to	**(012) 426 9516**

Signature of Applicant	
Date *(yyyy-mm-dd)*	Y Y Y Y - M M - D D

SANC-22 (2024.01.01)