

## Application for Re-assessment of Examination

### Candidate's Personal Details

SA Nursing Council Reference Number	1																		
Surname																			
Given Names																			
Date of Birth	Y	Y	Y	Y	-	M	M	-	D	D									
South African Identity Number																			
Email address																			
<b>Re-assessment results are not sent by SMS/post. Please ensure a valid email address is provided.</b>																			

### Declaration by the Applicant

*I hereby apply for re-assessment of my examination answer book(s) for the following examination*

Name of Examination																			
Examination Number																			
Date of examination (month and year only)	Month									Year									
Signature																			
Date (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D									

### Banking Details

<ul style="list-style-type: none"> <li>This form and fee must reach SANC on or before the closing date as stipulated on the examination results covering letter sent to the Nursing Education Institution.</li> <li>Candidate to apply for re-assessment of <b>theory only</b>.</li> <li>The marks allocated to a candidate upon re-assessment, shall be final and binding.</li> </ul>	
Name of Bank	FIRST NATIONAL BANK
Account Number	51425166282
Account type	Current Account
Branch Code	25 15 45
Reference with payment	Your SANC reference number followed by REMAFEE (eg 12345678REMAFEE)
Amount Payable for 2023	<b>R1 090.00</b>
Email form and Proof of Payment to	Email: <a href="mailto:exams@sanc.co.za">exams@sanc.co.za</a>

**SANC 20 (2024-01-08)**



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Private Bag X132, Pretoria 0001,  
Republic of South Africa



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



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