

Application for Transcript and/or Verification (Good Standing)

Purpose of Application	(tick 🛭 one)	Tra	anscr	ipt							Verification						
Personal Details																	
SA Nursing Council Reference Num	nber		1														
Title	(tick 🛭 one)	Dr		1		Mr				Ms				Prof			
Surname																	
Given Names	(in full)																
Maiden Name	(if applicable)																
Gender	(tick 🛭 one)	Female								Male							
Date of Birth	(yyyy-mm-dd)	Υ	Υ	Υ	Υ	_	M	M	-	D	D						
South African Identity Number																	
OR alternatively, for those applica	ants who do not h	ave a	Sout	h Afri	can Id	entity	Numl	per:									
Passport Number																	
Passport Country of Issue				1			ı										
Passport Expiry Date	(yyyy-mm-dd)	Υ	Υ	Υ	Υ	-	M	\mathbb{N}	-	D	D						
Regulatory Body / Organisation	's Contact Detai	ils		l	l			l l									
Name of Institution																	
Physical Address																	
(delivery address for document)								Post code									
Postal Address															•		
(if different from physical address)											Post code						
Contact number		()												
Email address						•		•		•		,	•				
Institution's official form attached	(tick 🛭 one)	Yes	Yes No														
Declaration by the Applicant		•								•							
Signature																	
Date	(yyyy-mm-dd)	Υ	1	Υ	Υ	Υ	-	M	\mathbb{N}	-	D	D					
Banking Details								I I				1					
Name of Bank		FIRST NATIONAL BANK															
Account Number		514 2118 6193															
Branch Code		25	25 15 45														
Reference with payment		Your SANC reference number followed by VERIFEE OR followed by TRANFEE															
			g. 123	45678	3VERIF	EE or	e.g. 1	23456	78TR <i>A</i>	NFEE)							
Amount Payable for 2022		R2	480.0	00													
Email Proof of payment to			ail: fo	reign	@sanc	.co.za	1										

SANC-45 (2024.01.01))



Cecilia Makiwane Building, 602 Pretorius Street, Arcadia, Pretoria 0083 Private Bag X132, Pretoria 0001, Republic of South Africa



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