

APPLICATION FOR REGISTRATION IN THE CATEGORY MIDWIFE R1497

PERSONAL DETAILS														
SANC Reference Number														
Title											<p>Note: This application must be accompanied by a certified copy of Identity and proof of payment. (R840) (fee applicable for 2024) Failure to comply with the above will result in an unprocessed application.</p>			
Surname														
Given names in full														
Maiden name (if applicable)														
Gender (tick one)	Male					Female								
Date of birth	Y	Y	Y	Y	-	M	M	-	D	D				
RSA ID number														
OR alternatively, for those applicants who do not have a South African Identity Number														
Passport Number														
Country of Issue														
Date of Issue	Y	Y	Y	Y	-	M	M	-	D	D				
Date of Expiry	Y	Y	Y	Y	-	M	M	-	D	D				
OR alternatively, for Refugee / Asylum Seekers														
Permit Number														
CONTACT DETAILS														
Postal address														
											Postal code			
Phone number (Cell. Phone)														
Alternative phone number														
NAME OF TRAINING INSTITUTION														
BANKING DETAILS														
Name of Bank	FIRST NATIONAL BANK													
Account number	514 2118 6193							Branch	25 15 45					
Amount payable	R840													
Reference	SANC Number-REGPRA													
Signature of the nurse practitioner														

 Cecilia Makiwane Building,
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