

Application for a Refund

Notes

- Please attach relevant proof of payment(s) and Proof of banking details (bank stamped).
- If no longer practicing as a Nurse, attach an affidavit stating such.
- Administration Fee of 10% limited to R300.00 will be charged on all refunds.
- An additional administration charge of R670.00 is payable in respect of any refund payable to a foreign bank account.

Personal Details

SA Nursing Council Reference Number	1												
Title <i>(tick one)</i>	Dr		Mr		Ms								
Surname													
Given Names <i>(in full)</i>													
Maiden Name <i>(if applicable)</i>													
Date of Birth	Y	Y	Y	Y	-	M	M	-	D	D			
South African Identity Number													
OR alternatively, for those 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			
Reason for Refund													

Banking Details of Applicant *(attach bank stamped proof of banking details)*

Name of Bank	
Account Holder Initials and Surname	
Account Number	
Account Type	
Branch Name	
Branch Code	

Declaration by Applicant

I hereby certify that the information provided in this application is true and correct.													
Signature													
Date	Y	Y	Y	Y	-	M	M	-	D	D			

SANC-11 (2024)



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