



South African Nursing Council
Regulating nursing, advocating for the public

Application for Transcript and/or Verification (Good Standing)

Purpose of this application (tick <input type="checkbox"/> one)	Transcript	Verification	
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Personal Details

SA Nursing Council Reference Number	1																			
Title (tick <input type="checkbox"/> one)	Dr		Mr		Ms			Prof												
Surname																				
Given Names (in full)																				
Maiden Name (if applicable)																				
Gender (tick <input type="checkbox"/> one)	Female		Male																	
Date of Birth	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 Issue Date	Y	Y	Y	Y	-	M	M	-	D	D										
Passport Expiry Date	Y	Y	Y	Y	-	M	M	-	D	D										

Regulatory Body/Organisation's Contact Details

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 <input type="checkbox"/> one)	Yes	No																		

Declaration by the Applicant

Signature																				
Date	Y	Y	Y	Y	-	M	M	-	D	D										

Banking Details

Name of Bank	FIRST NATIONAL BANK
Account Number	514 2118 6193
Branch Code	25 15 45
Reference with payment	Your SANC reference number followed by VERIFEE OR followed by TRANFEE (eg 12345678VERIFEE OR 12345678TRANFEE)
Amount Payable for 2024	R2 480.00
Email Application and Proof of payment to	foreign@sanc.co.za

SANC-45 (2024)



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Private Bag X132, Pretoria 0001,
Republic of South Africa



Tel: 012 420 1000
Fax: 012 343 5400
SANC Fraud Hotline: 0800 20 12 16



website: www.sanc.co.za