



South African Nursing Council
Regulating nursing, advocating for the public

APPLICATION FOR REGISTRATION IN THE CATEGORY GENERAL NURSE R.171

- This application must be accompanied by a **certified copy of Identity and proof of payment.**
- Failure to comply with the above will result in an unprocessed application

NAME OF NURSING EDUCATION INSTITUTION <i>(as approved by SANC)</i>														
APPLICANT PERSONAL DETAILS														
SANC Reference Number	1													
Title														
Surname														
Given names <i>(in full)</i>														
Maiden name <i>(if applicable)</i>														
Gender (tick one)	Female					Male								
RSA Identity Document number														
OR alternatively, for those applicants who do not have a South African Identity Number														
RSA Permanent residence ID number/Refugee ID No.														
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				
Passport holders: This application must be accompanied by a valid study visa for the duration of studies in line with RSA law														
CONTACT DETAILS														
Postal address														
	Postal code													
Phone number (Cell. Phone)														
Alternative phone number														
Email address														
APPLICANTS SIGNATURE						Date:	Y	Y	Y	Y	M	M	D	D
BANKING DETAILS														
Name of Bank	FIRST NATIONAL BANK													
Account number	514 2118 6193					Branch	251 445							
Amount payable	R880.00 <i>(applicable for 2025)</i>													
Reference	SANC Number REGFPRA													

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