


APPLICATION FOR REGISTRATION FOR REGISTRATION: PROFESSIONAL NURSE AND MIDWIFE R.174

- 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											
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										

 Cecilia Makiwane Building,
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