

Updating of Personal Details

In preparation for the implementation of the new information technology system, the South African Nursing Council is also updating its member register. To assist in this, all practitioners are requested to kindly submit the following:

Email address	personaldetails@sanc.co.za														
SA Nursing Council Reference Number															
Title (tick ✓ one box)	Dr		Mr		Ms		Pro	Prof							
Surname															
(For change of surname, please attach a certified co	py of I	marrio	age ce	rtifica	te/dec	ree oj	f divoi	rce an	d the i	new ID) bool	k)			
Given Names (in full)															
Maiden Name (if applicable)															
South African Identity Number															
Date of Birth	Υ	Υ	Υ	Υ	_	M	M	-	D	D					
OR alternatively, for those who do not have a South African Identity Number															
Passport Number															
Country of Issue															
Date of Issue	Υ	Υ	Υ	Υ	_	M	M	_	D	D					
Date of Expiry	Υ	Υ	Υ	Υ	_	M	M	_	D	D					
Physical Address															
	Postcodo														
Postal address	Postcode														
1 Ostal address															
	Postcode														
Email address															
Cell phone number															
Other contact numbers															
Name of Employer															
Practice Number for Private Practitioners															
Declaration by Applicant	•														
I hereby certify that the information provided in	this	appli	catior	ı is tr	ue an	d cori	rect.								
Signature		1	1	1			1								
Date	Υ	Υ	Υ	Υ	-	M	M	-	D	D					

SANC-1 (2025)



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