



**South African Nursing Council**  
Regulating nursing, advocating for the public

## Application for a Refund

### Notes

- Please attach relevant proof of payment(s) and bank-stamped proof of banking details.
- If no longer practicing as a Nurse, attach an affidavit stating such.
- An 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 all refund(s) payable to a foreign bank account.

### Personal Details

SA Nursing Council Reference Number	<b>1</b>																
Title <i>(tick one)</i>	Dr		Prof		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																	
<b>OR</b> 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							

### Organisational Details

*(to be completed by the Organisational Representative **only** when requesting a refund on behalf of an organisation)*

Name of Organisation																	
NEI Reference Number <i>(if applicable)</i>	<b>S</b>																
SANC Reference Number <i>(if applicable)</i>	<b>1</b>																
Title <i>(tick one)</i>	Dr		Prof		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																	



Cecilia Makiwane Building,  
602 Pretorius Street, Arcadia, Pretoria 0083  
Private Bag X132, Pretoria 0001,  
Republic of South Africa



Tel: 012 420 1000  
Fax: 012 343 5400  
SANC Fraud Hotline: 0800 377 377



website: [www.sanc.co.za](http://www.sanc.co.za)

## Application for a Refund (continued...)

### Refund Details

Name of Bank	
Account Holder Organisation/Initials and Surname	
Account Number	
Account Type	
Branch Name	
Branch Code	
Amount of Refund	
Reason for Refund	
Email address	
Contact Number	(+ _ _ _ )

### Declaration by Applicant/Organisational Representative

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

SANC-19 (2025)



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