

Application for Voluntary Removal from the Register

Please complete all required information using a ballpoint pen and print clearly.

Personal Details

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

Contact Details


Home Telephone Number	()
Cellular phone Number	()
E-mail Address	

Declaration by Applicant

<i>I hereby certify that the information provided in this application is true and correct and request that my name be removed from the Register.</i>																				
Signature																				
Date	Y	Y	Y	Y	-	M	M	-	D	D										
Requested Date of Removal	Y	Y	Y	Y	-	M	M	-	D	D										

SANC-7 (2025)

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