

# APPLICATION FOR RE-MARK

## REGISTERED COUNSELLOR/PSYCHOMETRIST

Please use block letters and return to: The Registrar, P O Box 205, Pretoria, 0001  
553 Vermeulen Street, Arcadia, Pretoria, 0083

**FOR  
OFFICE  
USE ONLY**

**A. PERSONAL PARTICULARS**

(Dr, Mr, Mrs, Miss) ..... Surname:.....

**Verified**

.....  
**Date**

Maiden Name (if applicable):.....

.....  
**Prepared**

Registration number: SRC.....

.....  
**Date**

First Names: ..... Identity No.....

.....  
**Verified**

Postal Address: .....

.....  
**Date**

.....Post Code: .....

.....

Residential Address: .....

.....Post Code: .....

Tel (H): .....(W): .....

**Bank  
details:**

Cell: .....Fax: .....

**HPCSA  
Absa Bank,  
Arcadia,  
Pretoria  
Branch  
code:  
[33049-45](#)  
Account  
number:  
[061 00 00 169](#)**

Email: .....

**CATEGORY**

REGISTERED COUNSELLOR	<input type="checkbox"/>
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PSYCHOMETRIST	<input type="checkbox"/>
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**SIGNATURE**.....**Date** .....20 .....

**B. The following is submitted in support of my application:**

1. Proof of payment of the re-mark fee of R 650.50

**NB: YOUR APPLICATION FOR THE EXAMINATION WILL NOT BE PROCESSED WITHOUT PROOF OF PAYMENT.**