



**Form 18**

**APPLICATION FOR RESTORATION OF NAME TO THE REGISTER IN TERMS OF SECTION 19(5) OF THE HEALTH PROFESSIONS ACT, 1974 (ACT No. 56 OF 1974)**

**NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU**

Please PRINT and return the FORM to:  
 The Registrar, PO Box 205, Pretoria 0001 **by registered mail for ease of tracking mail**  
 553 Madiba Street, Arcadia, Pretoria 0083

**FOR OFFICE USE ONLY**

**A. PERSONAL PARTICULARS**

HPCSA Registration Number: \_\_\_\_\_  
 I, (Dr, Mr, Mrs, Miss) \_\_\_\_\_ Surname: \_\_\_\_\_  
 Maiden name (if applicable): \_\_\_\_\_  
 First names: \_\_\_\_\_ Identity No.: \_\_\_\_\_  
 Postal address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Received on \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Receipt No. \_\_\_\_\_  
 Date restored: \_\_\_\_\_

Residential address: \_\_\_\_\_ Postal code: \_\_\_\_\_

**Bank Details:**

Tel (H): \_\_\_\_\_ (W): \_\_\_\_\_  
 Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**HPCSA**  
 Bank: **ABSA**  
 Branch: **Arcadia**  
 Branch code: **334945**  
 Acc. No. **0610000169**

Email: \_\_\_\_\_  
 \* Marital Status:  Divorced  Married  Single Gender:  Male  Female  
 \* Race:  Asian  African  Coloured  White Country of origin: \_\_\_\_\_

I request that my name be restored to the register of \_\_\_\_\_ for the Republic of South Africa and hereby make oath and declare that I was registered as a \_\_\_\_\_ with the registration number \_\_\_\_\_ My name was erased from the register under Section 19 of the Act.  
 I also declare that I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct in any country and that, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me in any country at present.\*\*

**I certify that the application meets the requirements as outlined in section B and that I have verified the application:**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PRACTITIONER**

**Registration Officer:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**ORIGINAL OFFICIAL STAMP OF COMMISSIONER OF OATHS**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**TO BE COMPLETED BY COMMISSIONER OF OATHS**

\*\* If you are unable to make the declaration in this paragraph, the Council requires full particulars of the reason for your inability to do so in order to consider the application.

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

- 1. The amount of \_\_\_\_\_ in respect of my application for restoration.
- 2. A copy of my marriage certificate (should you wish to register in your married surname).
- 3. Please fax your application form and proof of payment to (012) 328 5120

\* Please complete for statistical purposes.

**NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.**