



Form 148

APPLICATION FOR INSERTION OF THE CATEGORY

FAMILY PHYSICIAN AGAINST THE NAME OF A MEDICAL PRACTITIONER

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

NB AN INCOMPLETE FORM WILL DELAY REGISTRATION

FOR OFFICE USE
ONLY

<p>A</p>	<p>I, (Full names and surname)</p> <p>Reference number: MP</p> <p>declare that I am the person referred to and I am the lawful possessor of the following qualification(s) in family medicine:</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Received on</p> <p>Date:.....</p> <p>Verified</p> <p>Date</p> <p>Prepared</p>
<p>B</p>	<p>(To be completed by all applicants subsequent to 1 January 1996)</p> <p>I enclose supporting documentary evidence of the following vocational training programme(s) in support of my application:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Date</p> <p>Verified</p> <p>Date</p>
<p>C</p>	<p>I request that the certificate be forwarded to the following address which is my registered address:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>☞☞ SIGNATURE DATE: 200</p>	