



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.