

## APPLICATION FOR REFUND – F2015002

| SECTION A: MEMBER APPLICATION FOR REFUND |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
| Registration Number                      |  |  |  |  |  |  |  |  |  |  |
| Member                                   |  |  |  |  |  |  |  |  |  |  |
| Refund applied for                       |  |  |  |  |  |  |  |  |  |  |

| SECTION B: REASON FOR APPLICATION OF REFUND   |  |
|---|--|
| Duplicate / Extra Payment (Please attach proof of payments)                               |  |
| Exempted – Age (before 1st of April of the current year)                                  |  |
| Exempted – Ill Health (before 1st of April of the current year)                           |  |
| Deceased (before 1st of April of the current year)  |  |
| Can't register (due to insufficient qualifications) (Please attach proof of payments)     |  |
| Erased 19(1)c (before 1st of April of the current year) (Please attach proof of payments) |  |
| Other / Explanation:<br>(Please attach proof of payments)                                 |  |
| Payment made in error to HPCSA. Should be for :   |  |

| SECTION C: MEMBERS CONTACT DETAIL |  |          |       |
|-----------------------------------|--|----------|-------|
| My registered address:            |  |          | Code: |
| Tel (h):                          |  | Tel (w): |       |
| Cell:                             |  | Fax:     |       |

| SECTION D: BANK DETAILS |  |
|-------------------------|--|
| Name of Bank            |  |
| Branch                  |  |
| Branch Code             |  |
| Account Number          |  |
| Account Holder          |  |

| SECTION E: REQUIRED SUPPORTING DOCUMENTATION |  |
|--|--|
| A  | Member's bank detail confirmation via:<br>✓ Originally stamped or certified copy of letter from Bank |
| B  | Copy of ID or passport   |
| C  | Proof of payments as no refunds will be issued without them  |

Signature by Applicant

Date