

## **APPLICATION FOR REGISTRATION**

**INDEPENDENT PRACTICE** 

Form 27

	For	m 27											
NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU! Please PRINT and return the ORIGINAL FORM to: The Registrar, PO Box 205, Pretoria 0001 by registered mail or courier for ease of tracking mail. 553 Madiba Street, Arcadia, Pretoria 0083 A REPSONAL RAPTICILLARS													
A. PERSONAL PARTICULARS HPCSA Registration Number:													
I. (Dr. Mr. Mrs. Miss)													
Maiden name (if applicable):													
First names: Identity No.:													
Postal address:													
Postal code:													
Residential address:													
Postal code:													
Tel (H): (W										·			
	Cell: Fax:												
Email:													
*Marital Sta	tal Status: Married Single		ingle	Divorced			Gender		Μ	F			
* Race:	Africa	n	Asian		С	coloured		Indian		White	Countr	y of Origin:	
SIGNATURE:													
ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED													
B. DECLARATION													
It is herey certified that: (Dr, Mr, Mrs, Miss):													
was employed at this (name and address of institution):													
From:													
as aCategory (if applicable)													
That he/she complied with the requirements of community service as determined by the Department of Health and that his/her service was satisfactory.													
												OFFICIAL STAMP OF INSTITUTION	
SIGNATURE:	Head of L	epartmen	t/Directorate	9			Name: Please print						
Designation:					,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Tel:				••			Da	te:					
SIGNATURE: Medical Superintendent/Head of Institution Name: Please print													
Designation:				,,,,,,,	,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,	,,,,,,,,					
Tel:				••			Dat	e:					
B. TI	HE FOLI		S IS SUBN	літт	ED IN	N SUPP	OR'	T OF MY AP	PLIC	ATION:			
1. A copy of my marriage certificate (should you wish to register in your married surname).													
2.													
3.													
4.													
* Please complete for statistical purposes.													
* 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.												your personal file to other parties.	