

APPLICATION FOR REGISTRATION

STUDENT

DENTAL THERAPIST

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 <u>registered mail or courier for ease of tracking mail.</u> 553 Madiba Street, Arcadia, Pretoria 0083	
A. PERSONAL PARTICULARS	
I, (Mr, Mrs, Miss) Surname:	
Maiden name (if applicable):	
First names: Identity No.:	
Postal address:	Postal ando:
Residential address:	Postal code:
	Postal code:
Tel (H): (W):	
Cell: Fax:	
Email:	
*Marital Status: Married Single Divorced Gender	MF
* Race: African Asian Coloured Indian White	
* Race: African Asian Coloured Indian White	Country of Origin:
hereby apply to register as a student in	
(kindly indicate profession)	
SIGNATURE:	Date:
B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:	
1. A copy of my identity document or birth certificate.	
2. A copy of my marriage certificate (should you wish to be register in your married surname).	
3. Registration fee: R308.00 applicable for the period 1 April 2024 to 31 March 2025. Banking details as on the website (Registration number as deposit reference) <u>Please attach proof of payment</u> .	
4. Penalty fees, per month or part thereof, for the late submission of an application for registration R133.00	
5. Section C duly completed.	
ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED	
C. TO BE COMPLETED BY THE TRAINING INSTIITUTION	
Name of training institution	
Date of enrollment (day) (month) 20 (year) in the (first, second, etc) year of study.	
	ORIGINAL OFFICIAL DATE STAMP OF
	INSTITUTION
	-
SIGNATURE: REGISTRAR ACADEIC/HEAD OF DEPARMENT DATE * Please complete for statistical purposes. Image: 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 parsonal file to other parties

Updated/MM/ applicable for the period 1 April 2024 to 31 March 2025