

**APPLICATION FOR REGISTRATION  
FORENSIC PATHOLOGY OFFICER**

**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 for ease of tracking mail.**  
553 Madiba Street, Arcadia, Pretoria 0083

**A. PERSONAL PARTICULARS**

HPCSA Registration Number: .....

I, (Dr, Mr, Mrs, Miss) ..... Surname: .....

Maiden name (if applicable): .....

First names: ..... Identity No.: .....

Postal address: .....

Postal code: .....

Residential address: .....

Postal code: .....

Tel (H): ..... (W): .....

Cell: ..... Fax: .....

Email: .....

\* Marital Status:  Divorced  Married  Single Gender:  Male  Female

\* Race:  Asian  African  Coloured  White Country of origin: .....

\* Please complete for statistical purposes.

hereby make oath and declare that I am the person mentioned in the attached documents submitted by me in support of my application for registration as a ..... in .....

and that all the said documents were granted to me and are my own lawful property; and further that I have never been debarred from practicing in any country by reason of misdemeanor or professional misconduct.

**SIGNATURE:** ..... **DATE:** ..... 20.....

**SWORN BEFORE ME AT:** ..... this ..... day of .....20....

**ORIGINAL OFFICIAL STAMP OF  
COMMISSIONER OF OATHS**

**SIGNATURE:** .....

**COMMISSIONER OF OATHS/JUSTICE OF PEACE** for the district of .....

**B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | 1. My original degree (a copy will only be accepted if certified by an attorney in his/her capacity as <b>Notary Public</b> and bearing the official stamp, <b>OR</b> Form 23, duly completed.) Copies certified by a Commissioner of Oaths <b>will not be accepted</b> . |
| <input type="checkbox"/> | 2. Registration fee: <b>R916.00</b> Annual Fee: <b>R1755.00</b> applicable from the period <b>1 April 2024 to 31 March 2025</b> . Banking details as on the website ( <b>Registration number as deposit reference</b> ) <b>Please attach proof of payment</b>             |
| <input type="checkbox"/> | 3. A copy of my identity document or birth certificate  |
| <input type="checkbox"/> | 4. A copy of my marriage certificate (should you wish to register in your married surname).   |
| <input type="checkbox"/> | 5. A copy of my registration certificate as a student with the Health Professions Council of South Africa.  |
| <input type="checkbox"/> | 6. Original internship evaluation form completed by the South African Association for Biokinetics.  |

I certify that the application meets the requirements as outlined in section B and that I have verified the application:

**Registration Officer:** ..... **Signature:** ..... **Date:** .....

**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.**