

***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: \_\_\_\_\_

Hereby apply to register as \_\_\_\_\_ and declare that I am the person referred to in the certificate below. Further, I have never been convicted of any criminal offence or been debarred from practising my profession in any country by reason of a criminal offence or unprofessional conduct and 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.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **20** \_\_\_\_\_

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

- |  |   |
|--|---|
|  | 1. Registration fee: <b>R803.00</b> Annual Fee: <b>R1812.00</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> |
|  | 2. Documentary evidence of having successfully completed the examination of the Board;  |
|  | 3. A copy of my registration certificate with the Health Professions Council of South Africa.   |
|  | 4. A copy of my identity document or birth certificate.   |
|  | 5. A copy of my marriage certificate (should you wish to register in your married surname).   |

**\* 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.**  
Updated/MM/ applicable from the period 1 April 2024 to 31 March 2025