

## APPLICATION FOR REGISTRATION STUDENT OPTOMETRIST

## 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

Α.	PER	RSONA	L PARTICUL	ARS												
I, (Mr, Mrs, Miss) Surname:																
Maiden name (if applicable):																
First names: Identity No.:																
Postal address:																
											Postal c	ode:				
Reside	ntial a	ddress	s:													
Postal code:																
Tel (H):									(W):							
Cell:										Fax:						
Email:																
*Marita	ıl Statu	ıs:	Married	;	Single		Divor	ced		Gender	М	F				
* Race	. Г	Africar	Asia	ın	Cold	oured		ndian		White	Coun	try of Oria	in·			
* Race: African Asian Coloured Indian White Country of Origin:																
hereby apply to register as a student in																
(kindly indicate profession)																
CICNI		<b>-</b> .									Data			20		
SIGNA	AIUK	Ei					• • • • • • • • • • • • • • • • • • • •				Date:			20		
В	THE	FOLL	OWING IS S	UBMIT	TED IN S	UPPO	ORT O	MY AP	PLIC	ATION:						
	A copy of my identity document or birth certificate.															
	2.	А сору	of my marria	ge cer	tificate (sh	ould y	you wis	h to be r	egist	er in your marı	ried surna	ame).				
	_	Regist	ration fee: R3	29.00 a	applicable	e for t	the per	iod 1 Ar	oril 2	024 to 31 Mar	ch 2025.	. Bankino	ı details a	s on the we	ebsite	
	Registration fee: <b>R329.00 applicable for the period 1 April 2024 to 31 March 2025.</b> Banking details as on the website ( <b>Registration number as deposit reference</b> ) Please attach proof of payment.															
	4. Penalty fees, per month or part thereof, for the late submission of an application for registration <b>R143.00</b>															
	5.	5. Section C duly completed.														
ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED																
C. TO BE COMPLETED BY THE TRAINING INSTITUTION																
Name of training institution																
Date of enrollment (day) (month) 20 (year) in the (first, second, etc) year of study.																
ORIGINAL OFFICIAL DATE STAMP OF																
													INSTITUT	_		
SIGNAT	ΓURE:	REGIS	TRAR ACADE	IC/HEA	D OF DEP	ARME	NT	DA	TE		-					
* Please complete for statistical nurneses																
* 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.												).				