

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 of20....

**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 Notary Public and bearing the official stamp, OR Form 23, duly completed.) Copies certified by a Commissioner of Oaths will not be accepted. |
| <input type="checkbox"/> | 2. Registration fee: R873.00 Annual Fee: R1746.00 applicable from the period 1 April 2023 to 31 March 2024. Banking details as on the website (Registration number as deposit reference) Please attach proof of payment |
| <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.