

APPLICATION FOR RE-MARK

REGISTERED COUNSELLOR/PSYCHOMETRIST

Please use block letters and return to: psychexams@hpcsa.co.za

**FOR
OFFICE
USE ONLY**

A. PERSONAL PARTICULARS

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

Verified

.....
Date

Maiden Name (if applicable).....

.....
Prepared

Registration number: SRC/ PMT S.....

.....
Date

First Names: Identity No.....

.....
Verified

Postal Address:

.....
Date

.....Post Code:

.....

Residential Address:

.....Post Code:

Tel (H):(W):

Cell:Fax:

Email:

CATEGORY

PSYCHOMETRIST	
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REGISTERED COUNSELLOR	
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☞ SIGNATURE.....Date20

B. The following is submitted in support of my application:

- Proof of payment of the re-mark fee of R 814.00**

NB: YOUR APPLICATION FOR THE EXAMINATION WILL NOT BE PROCESSED WITHOUT PROOF OF PAYMENT.

Bank details: HPCSA
Absa Bank, Arcadia, Pretoria
Branch code: **33049-45**
Account number:
061 00 00 169

