

# APPLICATION FOR RE-MARK

## Form 260RM

Please use block letters and return to [psychexams@hpcsa.co.za](mailto:psychexams@hpcsa.co.za)

### A. PERSONAL PARTICULARS

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

Registration Number : PS..... PSIN.....

Maiden Name (if applicable):.....

First Names: ..... Identity No.....

Postal Address: .....

.....Post Code: .....

Residential Address: .....

.....Post Code: .....

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

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

#### in the registration category:

Clinical psychology	<input type="checkbox"/>	Counselling psychology	<input type="checkbox"/>	Educational psychology	<input type="checkbox"/>	Industrial psychology	<input type="checkbox"/>	Research psychology	<input type="checkbox"/>
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☞ SIGNATURE.....Date .....20.....

**B. Proof of payment of the Re-mark fee of R1 622,00 is submitted herewith**

**NB: YOUR APPLICATION FOR RE-MARK WILL NOT BE PROCESSED WITHOUT PROOF OF PAYMENT**

**Bank details:**  
**HPCSA**  
**Absa Bank, Arcadia, Pretoria**  
**Branch code: 33049-45**  
**Account number: 06100 00 169**