

APPLICATION FOR REGISTRATION OF AN ADDITIONAL QUALIFICATION OR CATEGORY

Form 19

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

A. PE	ERSONAL	PARTICULA	RS								
HPCSA Re	gistration N	lumber:									
I, (Dr, Mr, N	/Irs, Miss)	Surname	•								
Maiden nar	ne (if appli	cable):									
First names: Identity No.:											
Postal addr	ess:										
									Postal	code:	
Residential	address:										
									Postal	code:	
Tel (H):							(W):				
Cell:						Fax:					
Email:											
*Marital Sta	atus: N	/larried	Sin	gle	Di	vorced		Gende	r M	F	
* Race:	African	Asian		Colou	red	Indian		White	Cou	untry of Origin:	
and declared also declared conduct in a	that I am are that I h any country	the person ref ave never be	erred to en con he bes	o in the a nvicted of t of my kr	attached fany cri nowledg	certificate iminal offe ge and beli	or quence o	alification refe r been debar	erred to red fron	below. n practice by reason of unprofessional g or likely to involve a charge of offence	
SIGNATURE: Date: 20										20	
B. Th	IE FOLLO	WING IS SUE	MITTE	D IN SU	PPORT	OF MY A	PPLIC	ATION:			
1. Registration fee of R315.00 applicable from 1 April 2024 to 31 March 2025. Banking details as on the website (Registration number as deposit reference)											
<u> </u>	2. A copy of my marriage certificate (should you wish to register in your married surname).										
3.	3. My original degree/diploma certificate (a copy will only be accepted if certified by an attorney in his/her capacity as Notary Public and bearing the official stamp.) Copies certified by a Commissioner of Oaths will not be accepted . OR										
4.	Section (duly duly co	mpleted	d.							
			AL 1	TERATION	VS TO T	HIS SECTION	ON WIL	L NOT BE AC	CEPTED		
		PLETED BY aniversity of Te		_				CHNOLOGY		EGE .	
It is hereby	certified th	at							com	plied with all the requirements for the	
Degree/Dip	loma/Certi									of this institution	
							(year) and that this qualification will be conferred/issued				
at a gradua	tion cerem	ony on	(da	ıy)			(montl	n)	(yea	ar).	
l aanaidan h	.;			:4	4	·					
I consider him/her to be a competent and fit person to practice a WE RECOMMEND him/her for registration						iice as a	d			RIGINAL OFFICIAL DATE STAMP OF INSTITUTION	
SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD							DATE				
SIGNATURE: REGISTRAR/PRINCIPAL							DATE				
* Please cor	nplete for s	tatistical purpo	oses.						1		
NB:	Please note	that the Council,	in the n	ormal cour	se of its o	duties, reser	ves the	right to divulge	informati	on in your personal file to other parties.	