

APPLICATION FOR REFUND – F202101 version 09/06/2021

SECTION A: MEMBER APPLICATION FOR REFUND										
Registration Number										
Member Name										
Refund applied for										

SECTION B: REASON FOR APPLICATION OF REFUND	
Duplicate / Extra Payment (Please attach proof of payments)	
Exempted – Age (before 1st of April of the current year)	
Exempted – Ill Health (before 1st of April of the current year)	
Deceased (before 1st of April of the current year)	
Can't register (due to insufficient qualifications)	
Erased 19(1)c (before 1st of April of the current year)	
Other / Explanation:	
Payment made in error to HPCSA. Should be for :	

SECTION C: MEMBERS CONTACT DETAIL			
My registered address:			Code:
Tel (h):		Tel (w):	
Cell:		Fax:	

SECTION D: BANK DETAILS	
Name of Bank	
Branch	
Branch Code	
Account Number	
Account Holder	

SECTION E: REQUIRED SUPPORTING DOCUMENTATION	
A	Member's bank detail confirmation via: <input checked="" type="checkbox"/> Originally stamped or certified copy of letter from Bank, or <input checked="" type="checkbox"/> Original or certified copy of cancelled cheque
B	Copy of ID or passport
C	Proof of payments as no refunds will be issued without them

Signature by Applicant

Date