HPCSA
Health Professions Council of South Africa

APPLICATION FOR REFUND – F2015002 version 14 March 2019

SECTION A: MEMBER APPLICATION FOR REFUND														
Registration Number					█									
Member Surname														
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:** ✓ Originally stamped or certified copy of letter from Bank, or ✓ 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**	

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Signature by Applicant **Date**