

# APPLICATION FOR RE-MARK

## REGISTERED COUNSELLOR/PSYCHOMETRIST

Please use block letters and return to: [psychexams@hpcsa.co.za](mailto: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.....Date .....20 .....

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

1. Proof of payment of the re-mark fee of R 785.00

**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**