

**APPLICATION FOR REGISTRATION
STUDENT
DENTAL THERAPY AND ORAL HYGIENE**

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. PERSONAL PARTICULARS

I, (Mr, Mrs, Miss) Surname: _____
 Maiden name (if applicable): _____
 First names: _____ Identity No.: _____
 Postal address: _____ Postal code: _____
 Residential address: _____ Postal code: _____
 Tel (H): _____ (W): _____
 Cell: _____ Fax: _____
 Email: _____

*Marital Status: Married Single Divorced Gender M F
 * Race: African Asian Coloured Indian White Country of Origin: _____

hereby apply to register as a student in _____
 (kindly indicate profession)

SIGNATURE: _____ **Date:** _____ **20** _____

B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:

- | | |
|---|---|
| 1 | 1. A copy of my identity document or birth certificate. |
| 2 | 2. A copy of my marriage certificate (should you wish to be register in your married surname). |
| 3 | 3. Registration fee: R280.00 applicable for the period 1 April 2021 to 31 March 2022. Banking details as on the website (Registration number as deposit reference) <u>Please attach proof of payment.</u> |
| 4 | 4. Penalty fees, per month or part thereof, for the late submission of an application for registration R120.00 |
| 5 | 5. Section C duly completed. |

ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED

C. TO BE COMPLETED BY THE TRAINING INSTIITUTION

Name of training institution _____
 Date of enrollment (day) (month) 20..... (year) in the (first, second, etc) year of study.

_____ SIGNATURE: REGISTRAR ACADEIC/HEAD OF DEPARTMENT	ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION _____ DATE
---	--

* Please complete for statistical purposes.
NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.