

***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 for ease of tracking mail.**  
553 Madiba Street, Arcadia, Pretoria 0083

**A. PERSONAL PARTICULARS**

HPCSA Registration Number: \_\_\_\_\_

I, (Dr, 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:

Divorced

Married

Single

Gender:

Male

Female

\* Race:

Asian

African

Coloured

White

Country of origin: \_\_\_\_\_

Hereby apply to register as \_\_\_\_\_

and declare that I am the person

referred to in the certificate below. Further, I have never been convicted of any criminal offence or been debarred from practising my profession in any country by reason of a criminal offence or unprofessional conduct and to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me in any country at present.

**SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**20** \_\_\_\_\_

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

- |  |  |
|--|--|
|  | 1. Registration fee: <b>R740.00</b> Annual Fee: <b>R550.00</b> applicable from the period 1 April 2021 to 31 March 2022. Banking details as on the website ( <b>Registration number as deposit reference</b> ) <b><u>Please attach proof of payment.</u></b> |
|  | 2. Documentary evidence of having successfully completed the examination of the Board;   |
|  | 3. A copy of my occupational therapy assistant (OTB) registration certificate with the Health Professions Council of South Africa.   |
|  | 4. A copy of my identity document or birth certificate.  |
|  | 5. A copy of my marriage certificate (should you wish to register in your married surname).  |

\* 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.