

**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: .....

\* Please complete for statistical purposes.

hereby make oath and declare that I am the person mentioned in the attached documents submitted by me in support of my application for registration as a ..... in ..... and that all the said documents were granted to me and are my own lawful property; and further that I have never been debarred from practicing in any country by reason of misdemeanor or professional misconduct.

**SIGNATURE:** ..... **DATE:** ..... 20.....

<p><b>SWORN BEFORE ME AT:</b> ..... this ..... day of .....20....</p>	<p align="center"><b>ORIGINAL OFFICIAL STAMP OF COMMISSIONER OF OATHS</b></p>
<p><b>SIGNATURE:</b> .....</p>	
<p><b>COMMISSIONER OF OATHS/JUSTICE OF PEACE</b> for the district of .....</p>	

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

- |    |   |
|----|---|
| 1. | My original degree (a copy will only be accepted if certified by an attorney in his/her capacity as <b>Notary Public</b> and bearing the official stamp, <b>OR</b> Form 23, duly completed.) Copies certified by a Commissioner of Oaths <b>will not be accepted.</b> |
| 2. | Registration fee: <b>R810.00</b> Annual Fee: <b>R1620.00</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> ) Please attach proof of payment                           |
| 3. | A copy of my identity document or birth certificate   |
| 4. | A copy of my marriage certificate (should you wish to register in your married surname).  |
| 5. | A copy of my registration certificate as a student with the Health Professions Council of South Africa.   |
| 6. | Original internship evaluation form completed by the South African Association for Biokinetics.   |

I certify that the application meets the requirements as outlined in section B and that I have verified the application:  
**Registration Officer:** ..... **Signature:** ..... **Date:** .....

**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.**