

UPDATE OF PERSONAL DETAILS

In terms of section 18(3) of the Health Professions Act, 1974 (Act No. 56 of 1974), every registered person who changed his or her address shall in writing notify the Registrar of Council within thirty days of such a change.

Upon receipt of the duly completed and signed form your new address will be recorded in the register.

Please use a pen, and write clearly and neatly in English using BLOCK LETTERS. | ✓ Tick where Applicable

Part A – Personal Details

HPCSA Registration No

Please also indicate the Register in which registered (i.e. MP-1234567 or BAA-7654321)

HPCSA Registration No									
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Title	Prof	Dr	Mr	Mrs	Miss				
Surname									
First Name									
Maiden Name <i>(if applicable)</i>									
<i>(Should you wish to be registered in your married name; a certified copy of your marriage certificate must be submitted.)</i>									
ID Number									
Marital Status	Divorced		Married		Single				
Other	*Race	<i>(*Purely for statistical purposes)</i>			Nationality				
	Disability				Province				

Part B – Address Details

NEW POSTAL ADDRESS

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 Postal code:

PRACTICE / WORK ADDRESS

.....

 Postal code:

Part C – Contact Details

Telephone (H)	(AREA CODE)		Mobile	
Telephone (W)	(AREA CODE)		Email	
Fax Number (W)	(AREA CODE)		Fax Number (H)	(AREA CODE)

Part D – Declaration | I declare that the information provided on, or with this form, is complete and correct

Signature of Registered Person		Date	Day	Month	Year
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Please return a duly completed form by post to: THE REGISTRAR, P O BOX 205, PRETORIA 0001 or email to records@hpcsa.co.za or fax to (012) 338 9312

PLEASE NOTE THAT A NON-COMPLIANT FORM WILL NOT RECEIVE ATTENTION