

APPLICATION FOR RE-MARK

REGISTERED COUNSELLOR/PSYCHOMETRIST

Please use block letters and return to: The Registrar, P O Box 205, Pretoria, 0001
553 Vermeulen Street, Arcadia, Pretoria, 0083

**FOR
OFFICE
USE ONLY**

A. PERSONAL PARTICULARS

(Dr, Mr, Mrs, and Miss) Surname:.....

Verified

.....
Date

Maiden Name (if applicable):.....

.....
Prepared

Registration number: SRC.....

.....
Date

First Names: Identity No.....

.....
Verified

Postal Address:

.....
Date

.....Post Code:

.....

Residential Address:

.....Post Code:

Tel (H): (W):

**Bank
details:**

Cell: Fax:

**HPCSA
Absa Bank,
Arcadia,
Pretoria
Branch
code:
33049-45
Account
number:
061 00 00 169**

Email:

CATEGORY

REGISTERED COUNSELLOR	
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PSYCHOMETRIST	
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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 R612.00

NB: YOUR APPLICATION FOR THE EXAMINATION WILL NOT BE PROCESSED WITHOUT PROOF OF PAYMENT.