

# APPLICATION FOR RE-MARK

## Form 260RM

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

### A. PERSONAL PARTICULARS

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

Registration Number: PS..... PSIN.....

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

First Names: ..... Identity No.....

Postal Address: .....

.....Post Code: .....

Residential Address:.....

.....Post Code: .....

Tel (H): ..... (W): .....

Cell: .....Fax: .....Email:.....

#### in the registration category:

Clinical psychology	<input type="checkbox"/>	Counselling psychology	<input type="checkbox"/>	Educational psychology	<input type="checkbox"/>	Industrial psychology	<input type="checkbox"/>	Research psychology	<input type="checkbox"/>
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☞ SIGNATURE.....Date .....201 .....

### B. Proof of payment of the Re-mark fee of R1224.00 is submitted herewith

**NB: YOUR APPLICATION FOR RE-MARK WILL NOT BE PROCESSED WITHOUT PROOF OF PAYMENT**

Bank details:  
HPCSA  
Absa Bank, Arcadia, Pretoria  
Branch code: [33049-45](#)  
Account number: [061 00 00 169](#)