

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.....Date201

B. Proof of payment of the Re-mark fee of R1301.50 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](#)