

## 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)

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<b>Title</b>	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss				
<b>Surname</b>	<input type="text"/>								
<b>First Name</b>	<input type="text"/>								
<b>Maiden Name</b> (if applicable)	<input type="text"/>								
<i>(Should you wish to be registered in your married name; a copy of your marriage certificate must be submitted.)</i>									
<b>ID Number</b>	<input type="text"/>								
<b>Marital Status</b>	<input type="checkbox"/> Divorced	<input type="checkbox"/>	<input type="checkbox"/> Married	<input type="checkbox"/>	<input type="checkbox"/> Single	<input type="checkbox"/>			
<b>Other</b>	<b>*Race</b>	<i>(*Purely for statistical purposes)</i>			<b>Nationality</b>	<input type="text"/>			
	<b>Disability</b>	<input type="text"/>			<b>Province</b>	<input type="text"/>			

### Part B – Address Details

#### NEW POSTAL ADDRESS

.....  
.....  
..... Postal code: .....

#### PRACTICE / WORK ADDRESS

.....  
.....  
..... Postal code: .....

### Part C – Contact Details

<b>Telephone (H)</b>	(AREA CODE)	<input type="text"/>	<b>Mobile</b>	<input type="text"/>
<b>Telephone (W)</b>	(AREA CODE)	<input type="text"/>	<b>Email</b>	<input type="text"/>
<b>Fax Number (W)</b>	(AREA CODE)	<input type="text"/>	<b>Fax Number (H)</b>	(AREA CODE) <input type="text"/>

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

<b>Signature</b> of Registered Person	<input type="text"/>	<b>Date</b>	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
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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](mailto:records@hpcsa.co.za) or fax to (012) 338 9312

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