

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

Please PRINT and return the ORIGINAL FORM to:

The Registrar, PO Box 205, Pretoria 0001 **by registered mail for ease of tracking mail.**
553 Madiba Street, Arcadia, Pretoria 0083

**FOR
OFFICE USE
ONLY**

A. PERSONAL PARTICULARS

HPCSA Registration Number: _____
I, (Mr, Mrs, Miss) _____ Surname: _____
Maiden name (if applicable): _____
First names: _____ Identity No.: _____
Postal address: _____ Postal code: _____
Residential address: _____ Postal code: _____
Tel (H): _____ (W): _____
Cell: _____ Fax: _____
Email: _____
* Marital Status: Divorced Married Single Gender: Male Female
* Race: Asian African Coloured White Country of origin: _____

Received on

Amount

Receipt No.

No.

Reg. date

hereby make oath and declare that I am the person mentioned in the attached documents submitted by me in support of my application for registration as a _____ in the category _____

and that all the said documents were granted to me and are my own lawful property. Further, that I have never been debarred from practice by reason of unprofessional conduct and to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me in any country at present

SIGNATURE: _____ **Date:** _____ **20**
SWORN BEFORE ME AT: _____ this _____ day of _____ **20**

SIGNATURE: _____
COMMISSIONER OF OATHS/JUSTICE OF PEACE for the district of _____

I certify that the application meets the requirements as outlined in section B and that I have verified the application:

Registration Officer:

Signature:

Date:

B. The following is submitted in support of my application:

1. My original diploma/degree and original grade 12 (matric) certificate (a copy will only be accepted if certified by an attorney in his/her capacity as **Notary Public** and bearing the official stamp, or Form 23, duly completed.) Copies certified by a Commissioner of Oaths **will not be accepted**.
2. A registration fee of **R1365.00** plus the pro rata annual fee obtainable from the HPCSA Call Centre at 012 338 9300. Please attach the proof of payment.
3. A copy of my identity document or birth certificate.
4. A copy of my marriage certificate (should you wish to register in your married surname).
5. A copy of my certificate as a student with the Health Professions Council of South Africa.

**ORIGINAL OFFICIAL
STAMP OF
COMMISSIONER OF OATH**

C. CERTIFICATE OF HEALTH

I, _____ of (address) _____ a registered medical practitioner, certify that I have medically examined _____ the applicant, and I declare that his/her health is such that it would not be detrimental to patients or to him-/herself to engage in the duties of his/her profession.

SIGNATURE: _____ **Date:** _____ **20**

D. CERTIFICATE OF CHARACTER

I, (full names): _____ of address _____ Working as _____
(Medical Practitioner, Minister of Religion, Magistrate or other responsible person) certify that _____ the applicant, is personally known to me and that he/she is of good character.

SIGNATURE: _____ **Date:** _____ **20**

* Please complete for statistical purposes.