

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**

**NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION
A PERSONAL PARTICULARS.**

HPCSA Registration Number:.....

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

Maiden Name (if Applicable):.....

First Names:Identity No.....

Postal Address:

.....Post Code:

Residential Address:

.....Post Code:

Tel (H):(W):

Cell:Fax:

Email:

*Marital Status: Divorced Married Single Widowed Gender: Male Female

*Race: Asian African Coloured White Country of origin:

I request that my name be restored to the register of for the Republic of South Africa,
and hereby make oath and declare that I was registered as a with the
registration number My name was erased from the register under section 19 of the Act.

I also declare that I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct in any country and that, 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:** _____
PRACTITIONER

Received on
.....
Amount
.....
Receipt no
.....
Date restored:
.....

**BANKING
DETAILS:**
ABSA BANK
Account nr:
405 00 33 481
Branch: Arcadia
Branch code
334945

Please fax your application form and proof of payment to:
(012) 328 5120.

CAPTURED
.....
DATE
.....
VERIFIED
.....
DATE

**ORIGINAL OFFICIAL STAMP
OF COMMISSIONER OF
OATHS**

SIGNATURE _____ **DATE:** _____

TO BE COMPLETED BY COMMISSIONER OF OATHS

SWORN BEFORE ME AT**this****day of****200**.....

** If you are unable to make the declaration in this paragraph, the Council, requires full particulars of the reason for your inability to do so in order to consider the application.

B The following is submitted in support of my application:

- 1) The amount of In respect of my application for restoration.
PLEASE NOTE THAT THE HPCSA DOES NOT ACCEPT CASH ON OUR PREMISES
- 2) A copy of my marriage certificate (should you wish to register in your married surname).

***PLEASE COMPLETE FOR STATISTICAL PURPOSES**

NB please take note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.