

APPLICATION FOR RE-MARK
PROFESSIONAL BOARD FOR PSYCHOLOGY
REGISTERED COUNSELLOR/PSYCHOMETRIST

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: THIS FORM HAS TO BE DULY COMPLETED BY THE CANDIDATE AND UNIVERSITY

A. PERSONAL PARTICULARS

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

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

Registration no.:SRC/PMTS.....

First Names: Identity No.....

Postal Address:

.....Post Code:

Residential Address:

.....Post Code:

Tel (H):(W):

Cell:Fax:

Email:

Please tick the suitable category

REGISTERED COUNSELLOR	<input type="checkbox"/>
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PSYCHOMETRIST	<input type="checkbox"/>
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SIGNATURE.....**Date**20

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

Proof of payment of the examination fee of R685.00

NB: YOUR APPLICATION FOR THE EXAMINATION WILL NOT BE PROCESSED WITHOUT PROOF OF PAYMENT OF THE EXAMINATION FEE

Verified

.....
Date

.....
Prepared

.....
Date

.....
Verified

.....
Date

**Bank
details:**

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