

**APPLICATION FOR RE-MARK**  
**PROFESSIONAL BOARD FOR PSYCHOLOGY**

Please use block letters and return to: The Registrar, P O Box 205, Pretoria, 0001  
553 Madiba Street, Arcadia, Pretoria

**NB: THIS FORM HAS TO BE DULY COMPLETED BY THE CANDIDATE, UNIVERSITY AND SUPERVISING PSYCHOLOGIST**

**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: .....

: .....Cell:.....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.....Date .....201 .....

**B. Proof of payment of the re-mark fee of R1370.00 is submitted herewith**

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

**Bank details:**  
HPCSA  
Absa Bank, Arcadia, Pretoria  
Branch code: 33049-45  
Account number: 061 00 00 169