

The South African Nursing Council



ANNUAL FEE REMITTANCE ADVICE

PERSONAL DETAILS

S A Nursing Council reference number	
Title	
Initials	
Surname	
<i>(If your surname has changed by marriage, a certified copy of your marriage certificate must be submitted.)</i>	
Given names in full	
Maiden name (if applicable)	
Postal address	
<i>(Unless otherwise indicated, your address in the Council's records will be changed to this address)</i>	
Telephone number	
Mobile phone number	
Date of birth (yyyy / mm / dd)	/ /
South African Identity number	

ANNUAL FEE PAID

Bank guaranteed cheque	R	,	
Postal order	R	,	
Transfer from foreign bank (specify currency)		,	Currency:
Total amount paid	R	,	

I certify that the information on this remittance advice is true and correct.

Signature of applicant	
Date (yyyy / mm / dd)	/ /

SANC – 16.3 (2011-01-26)

S A Nursing Council – Contact Details

The Registrar
 South African Nursing Council
 P O Box 1123
 PRETORIA
 0001

Tel: 012 420-1000
 Fax: 012 343-5400 (24-hour)
 Email: registrar@sanc.co.za