



THE SOUTH AFRICAN NURSING COUNCIL

602 Pretorius Street, Arcadia, Pretoria, 0083

P O Box 1123 Pretoria, 0001

TEL: (012) 420-1000

APPLICATION FOR:

FAX: (012) 343-5400

voluntary removal from the register / roll

S A NURSING COUNCIL REFERENCE NUMBER.....

GIVEN NAMES (IN FULL):

SURNAME:

MAIDEN NAME:

IDENTITY NUMBER:

RESIDENTIAL ADDRESS:

.....POSTCODE:.....

POSTAL ADDRESS (your certificate will be posted to this address):

..... POST CODE:

TEL: (work) (home)

PLEASE USE THE ABOVE ADDRESS FOR ALL FUTURE CORRESPONDENCE

I request that my name be removed from the *register/roll on
(date on which removal is required)

Enclosed is my original Annual Licence to Practice Receipt for (year)

.....
DATE

.....
SIGNATURE OF APPLICANT