

# 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)		,	<b>Currency:</b>
<b>Total amount paid</b>	<b>R</b>	<b>,</b>	

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