

APPLICATION FOR VOLUNTARY REMOVAL FROM THE REGISTER

SANC REFERENCE NUMBER	
GIVEN NAMES	
SURNAME	
MAIDEN NAME (if applicable)	
IDENTITY NUMBER	
RESIDENTIAL ADDRESS	
POSTAL ADDRESS (all correspondence will be posted to this address)	
CONTACT NUMBERS Work / Home	(___) _____ Ext _____ / (___) _____

I request that my name be removed from the Register on (date) 20 __ / __ / __
Enclosed is my current original Annual Practising Certificate.

20 __ / __ / __
DATED

SIGNATURE OF APPLICANT

SANC-7 (2019-03-01)



Cecilia Makiwane Building,
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