

Updating of Personal Details

In preparation for the implementation of the new information technology system, the South African Nursing Council is also updating its member register. To assist in this, all practitioners are requested to kindly submit the following:

Email address	personaldetails@sanc.co.za														
SA Nursing Council Reference Number															
Title (tick ✓ one box)	Dr		Mr		Ms	Ms		Prof							
Surname															
(For change of surname, please attach a certified cop	(For change of surname, please attach a certified copy of marriage certificate/decree of divorce and the new ID book)														
Given Names (in full)															
Maiden Name (if applicable)															
South African Identity Number															
Date of Birth	Υ	Υ	Υ	Υ	-	M	M	-	D	D					
OR alternatively, for those who do not have a So	OR alternatively, for those who do not have a South African Identity Number														
Passport Number															
Country of Issue															
Date of Issue	Υ	Υ	Υ	Υ	_	M	M	-	D	D					
Date of Expiry	Υ	Υ	Υ	Υ	_	M	M	-	D	D					
Physical Address															
	Destroyle														
Postal address	Postcode														
Postal address															
	Postcode														
Email address															
Cell phone number															
Other contact numbers															
Name of Employer															
Practice Number for Private Practitioners															
Declaration by Applicant															
I hereby certify that the information provided in	this	applic	cation	is tru	ıe an	d cori	ect.		•			•		•	
Signature															
Date	Υ	Υ	Υ	Υ	_	M	\mathbb{N}	_	D	D					

SANC-1 (2024)



Cecilia Makiwane Building, 602 Pretorius Street, Arcadia, Pretoria 0083 Private Bag X132, Pretoria 0001, Republic of South Africa



Tel: 012 420 1000 Fax: 012 343 5400 SANC Fraud Hotline: 0800 20 12 16



website: www.sanc.co.za