

Application for Re-assessment of Examination

Personal Details of Applicant

SA Nursing Council Reference Number	1							
Surname								
Given Names								
Date of Birth								
South African Identity Number								
Email address Re-assessment results are not sent by SMS/post. Please ensure a valid email address.								

Declaration by the Applicant

I hereby apply for re-assessment of my examination answer book(s) for the following examination

Name of Examination											
Examination Number											
Date of examination	Month							2	0	Υ	Υ
Signature											
Date	Υ	Υ	Υ	Υ	-	M	M	_	D	D	

Banking Details

- This form and fee must reach SANC on or before the closing date as stipulated on the examination results covering letter sent to the Nursing Education Institution.
- Candidate to apply for re-assessment of **theory only**.
- The marks allocated to a candidate upon re-assessment, shall be final and binding.

Name of Bank	FIRST NATIONAL BANK			
Account Number	51425166282			
Account type	Current Account			
Branch Code	25 15 45			
Reference with payment	Your SANC reference number followed by REMAFEE (eg 12345678REMAFEE)			
Amount Payable	R1 140.00			
Email form and Proof of Payment to	Email: exams@sanc.co.za			

SANC 20 (2025)



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



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