

# 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	
Date of birth ( yyyy / mm / dd )	/ /
RSA Identity number	

### ANNUAL FEE PAID

Cash	R ,
Cheque	R ,
Postal order	R ,
Other (specify)	R ,
<b>Total amount paid</b>	<b>R ,</b>

I certify that the information on this remittance advice is true and correct.

Signature of applicant	
Date ( yyyy / mm / dd )	/ /

SANC – 16.2 (2009-09-28)

### S A Nursing Council – Contact Details

The Registrar  
 South African Nursing Council  
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 PRETORIA  
 0001

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 Fax: (012) 343-5400 (24-hour)  
 Email: registrar@sanc.co.za