



553 Vermeulen Street  
Arcadia, Pretoria

PO Box 205  
Pretoria, 0001

Tel: +27 (12) 3389312  
Fax: +27 (12) 33389312  
Email: records@hpcsa.co.za  
**FOR CHANGE OF ADDRESS  
AND DETAILS ONLY**  
Website: www.hpcsa.co.za

**HPCSA Registration No.** .....

**CHANGE OF REGISTERED ADDRESS**

It has come to my attention that you have possibly changed your address. In terms of section 18(3) of the Health Professions Act, 1974 (Act No. 56 of 1974), every registered person who changed his or her address shall in writing notify the Registrar of Council within thirty days of such a change.

Upon receipt of the signed, completed notice below, your new address will be recorded in the register.

**REGISTRAR**

I, (Prof, Dr, Mr, Mrs, Miss) .....

Surname .....

Maiden Name (if applicable) .....

(Should you wish to be registered in your married name; a certified copy of your marriage certificate must be submitted.)

First Names .....

**NEW POSTAL ADDRESS**

.....  
.....  
.....  
.....  
..... postal code: .....

**PRACTICE / WORK ADDRESS**

.....  
.....  
.....  
.....  
..... postal code: .....

ID number: .....

Code and Telephone Number (H) ..... (W) .....

Cell Tel Number..... (FAX).....

E-mail Address: .....

**PREVIOUS REGISTERED ADDRESS** .....

.....  
.....

\* Please note this is **PURELY** for statistical purposes

\*Marital Status:  Divorced  Married  Single Gender:  Male  Female

\*Race:  Nationality:  Disabilities:

Date .....

\_\_\_\_\_  
SIGNATURE OF REGISTERED PERSON

**Please return a duly completed form by post to: THE REGISTRAR, P O BOX 205, PRETORIA 0001**