



**Form 8**

**APPLICATION FOR REGISTRATION AS  
A VISITING STUDENT IN MEDICINE, MEDICAL SCIENCE  
AND DENTISTRY**

**NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!**

**Note:** All applications must be submitted via the local University in South Africa to:  
The Registrar, PO Box 205, Pretoria 0001 **by registered mail for ease of tracking**  
553 Madiba Street, Arcadia, Pretoria, 0083

**BANKING  
DETAILS**

**A. To be completed by a teaching institution abroad where the applicant is a full-time student.**

I, the undersigned, hereby certify that:

(Dr, Mr, Mrs, Miss) : ..... Surname : .....

First names : ..... Passport number : .....

He/she is in his/her ..... year of study for the degree of .....

**SEAL/STAMP OF ABROAD  
TEACHING INSTITUTION**

**DEAN OF THE FACULTY**

**OR**

**REGISTRAR OF TEACHING INSTITUTION**

**DATE**

**Bank:** ABSA  
**Branch:** Arcadia  
**Branch Code:** 632005  
**Account Type:** Cheque Account  
  
**Account number:** 405 00 33 481  
*(Annual fees only)*  
  
**Account Number:** 061 00 00 169  
*(All other fees)*

**PLEASE  
Include your  
HPCSA  
registration  
number as  
reference to  
ensure correct  
allocation  
against YOUR  
name.**

**B. Please submit together with your application:**

- a) Registration fee of **R626.00**. This fee must be remitted by a bank draft drawn on a bank in South Africa. Registration fees are subject to review.
- b) A certified copy of the applicant's passport.

**C. To be completed by the University in South Africa where student is to be temporarily registered.**

**(NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED)**

I, the undersigned, hereby certify that:

(Mr/Mrs/Miss) : ..... Surname : .....

First names : .....

will commence attendance of a course or courses in the ..... (first, second, etc.) year of study in the faculty/school of .....

This student is enrolled for a course in (subject) ..... in a temporary capacity for a period not exceeding one academic year and not for degree purposes.

The student concerned will attend classes in the Department of ..... at this University from the ..... (day) ..... (month) 20..... to ..... (day) ..... (month) 20.....

**SEAL/STAMP OF UNIVERSITY IN  
SOUTH AFRICA**

**DEAN/REGISTRAR**

**DATE**

I certify that the application meets the requirements as outlined in section C and that I have verified the application:

**Registration Officer:** ..... **Signature:** ..... **Date:** .....

**NB:** Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.