

12. **TITLE** (Mark with an "X")

| | | | | |
|------|----|----|------|-----|
| PROF | DR | MR | MISS | MRS |
|------|----|----|------|-----|

B. EDUCATIONAL PARTICULARS

13. QUALIFICATIONS

| QUALIFICATION | NAME | INSTITUTION | YEAR OBTAINED |
|----------------|------|-------------|---------------|
| MATRIC | | | |
| CERTIFICATE | | | |
| DIPLOMA/DEGREE | | | |
| DIPLOMA/DEGREE | | | |
| DIPLOMA/DEGREE | | | |

14. **COUNCIL WITH WHICH YOU ARE REGISTERED:**

15. **REGISTRATION NO:**

C. EMPLOYMENT PARTICULARS

16. **NAME OF EMPLOYER:** **POSITION:**

17. **EMPLOYERS ADDRESS:** **TELEPHONE NUMBER:**

DECLARATION

I, (name of applicant), hereby declare that the information furnished above is correct.

Signed this the.....day of (month) (year)

INFORMATION TO BE ATTACHED

1. Certified copy of Identity Document.
2. Certified copies of relevant educational certificates.
3. Certified copies of relevant registration certificate and proof of current registration.
4. Proof of payment

BANKING DETAILS

ACCOUNT HOLDER: PUBLIC HEALTH INSTITUTE OF SOUTH AFRICA
BANK NAME: NEDBANK (GATEWAY UMHLANGA RIDGE)
TYPE: CURRENT ACCOUNT
BRANCH CODE: 189905
ACCOUNT NUMBER: 1043-7153-63
REFERENCE: SURNAME INITIALS
AMOUNT: R1550.00 + tax (TOTAL R1800.00)