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| **Application Reference No.** | *Year/month/MM No.* |

**APPLICATION FOR RE-REGISTRATION**

* + 1. **PREVIOUSLY REGISTERED PERSON’S DETAILS**

|  |  |
| --- | --- |
| **Title (Dr/Mr/Mrs/Ms/Prof)** |  |
| **Name/s** |  |
| **Surname** |  |
| **ID or Passport no.** |  |
| **Registration no.** |  |
| **Professional Designation**  |  |
| **Postal Address** |  |
| **Contact details** | **Tel.** |  |
| **Mobile** |  |
| **E-mail** |  |

* + 1. **DEREGISTRATION DETAILS**

|  |  |  |
| --- | --- | --- |
| **Reason for deregistration** (*tick ✓ applicable option*) | Non-payment of annual fees |  |
| CPD Non-Compliance |  |
| Temporary withdrawal from professional practice - extended leave necessitating withdrawal from professional practice due to Illness |  |
| Relocation |
| * Actively practicing in another jurisdiction
 |  |
| * Not actively practicing
 |  |
| **Period of deregistration**(*tick ✓ applicable option*) | 18 months or less |  |
| Between 19 months to 36 months |  |
| Other |  |
| State number of years here if options above are not applicable |
|  |