

THE SOUTH AFRICAN TIBB ASSOCIATION

Saartjie Baartman Centre - Cnr Klipfontein and Aries Road, Surrey Estate, 7764, Cape Town, South Africa Tel: +27 21 060 0070 / 078 303 0986 - info@tibb.co.za - www.satibb.co.za

Title:		Last Na	Last Name:						
First name						Gender:			
DOB: Ag		Age:		ID Number:					
Postal Address 1									
							Postal Code:		
Physical Address									
(Pref: Primary Prac)							Postal Code:		
Home Number:		Work Number:				Cell Number:			
Email Address:									
AHPCSA Number:			Any other statutory councils/associations:						
Nationality: Black White			Indian Coloured Asian Other:						
Qualification(s):			Qualification (Completed/Enrolled for)			Year	Institution		
		l							
Membership Type	Unani-Tibk	ani-Tibb Dr 🔲 U			nani-Tibb Student				
	Educator in Unani-Tibb Po				erson/Organisation interested in Tbb				
I hereby certify th	at all inforn	nation p	rovided and docu	umentation s	submitted is tru	ie and corre	ect.		
Signature of applicant Guidelines							Date		
You are re The annua	equired to su al membersh	ibmit the lip fees o	prescribed non-re	efundable app	lication fee of R	100.	l info@satibb.co.za d (students exempted).		
Payments should be made to: Account Name: South African Tibb Association				Тур	Type: Cheque Account				
First National Bank				Acc	Account Number: 62858527313				
Branch Code: 250114									

Please use 'SATA' and your 'first name' as a reference.