

REGISTRATION: DETAIL UPDATE

Registration number: TE _____ LA _____

Name of Lab: _____

Contact details: Telephone: _____

Fax: _____

Mobile: _____ ALT CONTACT _____

E-mail: _____

Technician details: Title: _____

First names: _____

Initials: _____

Surname: _____

ID no: _____

Population Group: _____

Postal address: _____

Physical address: _____

Type of practitioner: Lab _____

Technician _____

Dental trader _____

General: VAT number: _____

Qualification: National diploma _____

National higher diploma _____

B-Tech _____

B-Dentistry _____

BHF Practice number (only applicable to lab owners) _____

Can you kindly **COMPLETE** this form as a matter of **URGENCY**, and forward it back to us **AS SOON AS POSSIBLE**. We need to **update** our database, and for us to do so we need **YOUR COMPLETED DETAILS**. Fax: (012) 342 4469 / Tel: (012) 342 4134