



South African Pharmacy Council

Form is valid for **2020** only

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Reason(s) for applying for Letter of Good Standing*	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Country of Destination	
<input type="text"/>	
Duration of absence from South Africa	
<input type="text"/>	
SECTION B: SUPPORTING DOCUMENTATION AND APPLICABLE FEES	
I, the above applicant, submit proof of payment of R2,221.00 to SAPC attached:	Mark with a ✓
a) Proof of direct payment into the bank account of the South African Pharmacy Council	<input type="checkbox"/>
b) Proof of electronic payment (EFT)	<input type="checkbox"/>
SECTION C: DECLARATION BY APPLICANT	
I, the above applicant, declare that:	
a) I herewith include proof of payment of the the applicable fee(s) mentioned in Section B above	
b) no changes have taken place with regard to the information submitted to Council in the application for a Letter of Good Standing; and	
c) the information furnished herewith is true and correct.	
Applicant's Signature: _____	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PLEASE NOTE:

- * NB**
 - Completion of this section is optional.
 - The information supplied will be utilized by the Council for planning purposes and confidentiality will be maintained.
 - If the reason for applying is registration with a foreign registering authority kindly also indicate why such registration is required.
 - If you are intending to practice abroad please indicate as follows:
- This application is **valid for 60 days from date of receipt by the Office of the Registrar**. Should you **fail to submit all the required supporting documentation** and fees/proof of payment of fees within 60 days of this application the application will be invalid and all fees (excluding annual fee) that may have been paid herewith shall be forfeited.
- Cash, postal orders, and cheques will not be accepted with any application forms
- South African Pharmacy Council has a policy of zero tolerance to fraud and corruption. All fraud and corruption cases detected or reported will be investigated and perpetrators will be prosecuted accordingly.

Signature _____

Date _____