



South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007;
Tel: 0861 7272 00; Fax: 27 (12) 321 1479; E-mail: customercare@sapc.za.org; Website: www.sapc.za.org

Form is valid for
2020 only

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APPLICATION FOR REGISTRATION AS A PHARMACIST INTERN IN TERMS OF THE PHARMACY ACT 53 OF 1974

Please note that delays may occur in the processing by Council of applications, which are **incomplete**.

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council		Office Use Only
SECTION A: APPLICANT'S PERSONAL PARTICULARS		
Surname/last name		Acc. No. P
Title	Initials (first names)	Reg. No. S
First names in full		
Identity number		Tutor Approval:
Date of birth (DD/MM/YYYY)		From:
Gender and race (refer note A)	Male Female Race Asian Black Coloured White	To:
Postal address (refer notes B and C)		Documentation/Fees Received:
	Postal code	Applic.
Physical address (refer note C)		Contract
	Street code	Fee(s)
Courier address (refer note C)		BPharm.
	Street code	Academic Interns
Provider of qualification (University)		Research
Cell number		M.Sc
Work telephone number		Foreign citizens
Fax number		DOH Let
E-mail address		
SECTION B: INTERNSHIP PARTICULARS		
Name of pharmacy/institution		Envisaged commencement date
Pharmacy registration no:	Y	
Sector of pharmacy	Private Sector Public Sector	Actual registration date
Branch of pharmacy	Institutional (hospital) Community Manufacturing Academic	
Tutor registration no:	Tutor account no: (if available) P	Note A: You are requested to furnish gender and race particulars to enable Council to measure transformation in the profession.
Tutor surname/last name		Note B: The postal address furnished herewith shall be deemed to be the applicant's registered address.
Tutor title	Tutor initials	Note C: A change of address must be submitted to the registrar within 30 days of such change.
Tutor's registered postal address (refer note D)		Note D: This does not serve as notice of change of address of the tutor.
	Postal code	

Applicant Signature _____

Date _____



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<p>The abovementioned was SIGNED and SWORN TO before me at _____ (place)</p> <p>on this _____ day of _____ in the year _____, the deponent (applicant) having acknowledged that he/she knows and understands the contents of this declaration.</p> <p>SIGNATURE OF COMMISSIONER OF OATHS _____</p>	<p>STAMP (Compulsory)</p> <p>(Full names, capacity, address and contact details of Commissioner of Oaths)</p>
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PLEASE NOTE:

Kindly fax or e-mail your scanned applications to our customer service

Note that 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

Your registration date will be determined by the date of receipt of a completed application form, supporting documents and fees (please refer to item 1. above)

Cash, postal orders and cheques will not be accepted with any application form.

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

Applicant Signature _____

Date _____