The South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc,za.org
Tel: 0861 7272 00; Fax: 27 (12) 321 1479/92; E-mail: customercare@sapc.za.org

Form is valid for **2020** only

APPLICATION FOR RESTORATION OF A NAME TO THE REGISTER DUE TO INVOLUNTARY REMOVAL (e.g. NON - PAYMENT OF ANNUAL FEES) IN TERMS OF THE PHARMACY ACT, 53 OF 1974

Please use black ink and complete in BLOCK CAPITALS.
Return to: The Registrar, South African Pharmacy Council, to the postal address above

SECTION A: APPLICANT'S PERSONAL PARTICULARS

Council registration number | Council account number **P**

Surname/last name

Title | Initials (first names)

First names in full

Identity number or Permit number

Date of birth / / | **Gender and race** Male Female | **Race** Asian Black Coloured White

Postal address

Postal code

Physical address

Street code

Courier address

Postal code

Cell phone number

Work telephone number

Fax telephone number

E-mail address

Category of registration:
(Please tick applicable block)

Student	**Intern**	**Pharmacist**	**Assistant – Basic & Post-Basic**	**Assistant: Learner Basic & Learner Post-Basic**

SECTION B: TRAINING PARTICULARS OF APPROVED PHARMACY AND TUTOR (TO BE COMPLETED BY PHARMACIST'S ASSISTANTS (LEARNER BASIC OR POST BASIC ONLY)

Name of pharmacy/institution approved for training

Sector of pharmacy: Private Sector | Public Sector | Pharmacy registration no **Y**

Branch of pharmacy: Institutional (hospital) | Community | Manufacturing | Wholesale

Name of pharmacy/institution approved for training

Tutor registration no | Tutor account no: (if available) **P**

Tutor surname/last name

Tutor title | Tutor Initials (first names)

Tutor signature | **Application date:** / /

Provider with whom registered for a certificate of qualification in pharmacy e.g. HSA, S BUYS etc

Provider – Pharmacy Council registration no

SECTION C: APPLICABLE FEES

Student **R2,269.00** - *(Section 23(1)(d) of Act 53 of 1974)*	**Intern** **R2,269.00** - *(Section 23(1)(d) of Act 53 of 1974)*	**Pharmacist** **R5,942.00** - *(Section 23(1)(d) of Act 53 of 1974)*	**Assistant – Learner Basic & Learner Post-Basic** **R2,269.00** - *(Section 23(1)(d) of Act 53 of 1974)*	**Assistant – Basic & Post-Basic** **R2,269.00** *(Section 23(1)(d) of Act 53 of 1974)*	**Pharmacist Retired** (*aged 70 older)* **R926.00**

SECTION D: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

I, the above applicant, submit the following in support of my application: Mark with a ✔

(a) Restoration fee as described in section C ☐
(b) Certified copy of degree or certified copy of competency certificate from your provider. ☐
(c) **For Learner (Basic and Post Basic) only**
(i) copy of **enrolment certificate** issued by the approved provider which will lead to a certificate of qualification in pharmacy ☐
(ii) **Approval certificate of a tutor** ☐

Signature_____ Date_____

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….. (Continued)

SECTION E: DECLARATION BY APPLICANT

I, the above applicant, declare that:

a) I herewith include all the applicable documentation/fees mentioned in section D above;

b) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and

c) The information furnished herewith is true and correct.

Applicant's signature: _____ **Application date:** D D / M M / Y Y Y Y

SECTION F: DECLARATION BY COMMISSIONER OF OATHS

The abovementioned was SIGNED and SWORN TO before me at
(place)

on this _____day of _____in the year _____, the deponent (applicant) having

acknowledged that he/she knows and understands the contents of this declaration.

SIGNATURE OF COMMISSIONER OF OATHS

STAMP
(Compulsory)

(Full names, capacity, address and contact details of Commissioner of Oaths)

SAPC Electronic Payment Details (If not yet captured on Council's financial system)															
Name of Beneficiary	**South African Pharmacy Council**														
Name of Bank	**Standard Bank of South Africa**														
Account type	**Cheque account**														
Branch Code	**0**	**1**	**0**	**1**	**4**	**5**									
Beneficiary Account number	**0**	**1**	**1**	**8**	**8**	**5**	**8**	**6**	**6**						
Beneficiary Reference	***Your account number ** with SAPC and surname & initials.***														

PLEASE NOTE:

1. 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;

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

3. **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.**

4. **For Pharmacist only:**
   a. If your application for restoration is received within 60 days after your name has been removed from the registers of Council, all sub-roles e.g. Tutor, Responsible Pharmacist and/or Assessor, will also be restored;
   b. If your application for restoration is received after 60 days from the date of erasure, you will be expected to re-apply for registration and or approval for all your relevant *sub*-roles.

Signature_____ Date_____