



# South African Pharmacy Council

Form is valid for  
**2020** only

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](mailto:customercare@sapc.za.org); Website: [www.sapc.za.org](http://www.sapc.za.org)

## APPLICATION FOR ADMISSION TO THE PROFESSIONAL EXAMINATIONS IN TERMS OF THE PHARMACY ACT 53 of 1974 FOR PHARMACY PRACTICE AND PHARMACY LAW AND ETHICS ONLY FOR 2019 EXAM FORMAT

**All examinations will be written in Pretoria. Venue to be confirmed 2 weeks before the examination date.**

### SECTION A: PARTICULARS OF THE APPLICANT

Full name(s) of the applicant	<input type="text"/>																			
Surname of the applicant	<input type="text"/>																			
Pharmacist registration no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Pharmacist account no. (if available)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address	<input type="text"/>																			
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Physical address	<input type="text"/>																			
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	<input type="text"/>																			
Cell number	<input type="text"/>																			
Home number	<input type="text"/>																			
Work number	<input type="text"/>																			
Fax number	( <input type="text"/> ) <input type="text"/> - <input type="text"/>																			
E-mail address	<input type="text"/>																			

Discipline	Date	Choice	Date	Choice
Pharmacy Practice	14 September 2020		09 November 2020	
Pharmacy Law and Ethics	14 September 2020		09 November 2020	

### SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

I, the above applicant, submit the following in support of this application:

- a) Examination fee (per paper) – **R3, 761.00** (Provide proof)
- b) a certified copy of the letter of support for writing the examinations issued by the National Department of Health (non-South Africans only)
- c) SAPC decision letter
- d) Latest examination results (if applicable)

### SECTION D: DECLARATION BY APPLICANT

- I, the above applicant, declare that:
- a) I herewith include the applicable fee(s) mentioned in Section C above;
  - b) the information furnished herewith is true and correct.

**Applicant's Signature:** \_\_\_\_\_ **Date:** / /

**PLEASE NOTE:**

- Kindly fax or e-mail your applications to 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.
- Cash, postal orders and cheques will not be accepted with any application form.

**ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR**



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5. 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 according.

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