



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

Form is valid for  
**2020** only

## APPLICATION FOR REGISTRATION OF SUPPLEMENTARY TRAINING 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	Office Use Only
<b>SECTION A: APPLICANT'S PERSONAL PARTICULARS</b>	
Pharmacy Council registration no: <input style="width: 40px;" type="text"/>	<p><b>Note A:</b> A change of address must be submitted to the registrar within 30 days of such change.</p> <p><b>Note B:</b> A certified copy is a photocopy of the original document, which has been certified by a Commissioner of Oaths declaring that it is a true copy of the original document.</p> <p><b>Note C:</b> Should the name on the application form (Section A) or evidence of supplementary training differ from the documentary proof of identification (i.e. the name on the identity document/passport), the applicant must submit a certified copy of the relevant marriage certificate or documentary evidence and an affidavit regarding the change of name.</p> <p><b>Note D:</b> Fees are subject to change without further notification.</p>
Pharmacy Council acc no: (if available) <input style="width: 40px;" type="text"/>	
Surname/last name <input style="width: 100%; height: 20px;" type="text"/>	
Title <input style="width: 40px;" type="text"/> Initials (first names) <input style="width: 40px;" type="text"/>	
First names in full <input style="width: 100%; height: 20px;" type="text"/>	
Identity number <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>	
<b>Courier address</b> (refer note A)	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
Postal code <input style="width: 40px;" type="text"/>	
Cell number <input style="width: 100%; height: 20px;" type="text"/>	
<b>Supplementary training to be registered:</b>	
<input style="width: 100%; height: 20px;" type="text"/>	
Conferred by which university/institution/provider <input style="width: 100%; height: 20px;" type="text"/>	
<b>SECTION B: SUPPORTING DOCUMENTATION AND APPLICABLE FEES</b>	
I, the above applicant, submit the following in support of my application:	Mark with a ✓
a) a <b>certified</b> copy of my identity document or passport (refer notes B and C)	<input style="width: 40px; height: 20px;" type="checkbox"/>
b) documentary evidence that the applicant has undergone the above supplementary training (e.g. certificate)	<input style="width: 40px; height: 20px;" type="checkbox"/>
c) registration fee – supplementary training: <b>R2,502.00</b> (VAT incl.) (refer note D)	<input style="width: 40px; height: 20px;" type="checkbox"/>
<b>SECTION C: DECLARATION BY APPLICANT</b>	
I, the above applicant, declare that:	
a) I herewith include all the documentation/fees mentioned in Section B above;	
b) I am the person to who underwent the above supplementary training;	
c) I comply with the requirements for registration of supplementary training; and	
d) the information furnished herewith is true and correct.	
Applicant's Signature: _____	Application Date: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>

### PLEASE NOTE:

- 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 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

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