



The South African Pharmacy Council

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Form is valid for
2026 only

APPLICATION FOR RESTORATION OF A NAME OF A PHARMACY TO THE REGISTER DUE TO VOLUNTARY REMOVAL (i.e. OWNERS' REQUEST) IN TERMS OF THE PHARMACY ACT, 53 OF 1974 (Continued)

SECTION D: DECLARATION BY APPLICANT

I, the above applicant, declare that:

- a) I herewith include all the applicable documentation/fees mentioned in section B and C above;
- b) The information furnished herewith is true and correct.

Applicant's signature: _____ Application date:

DD	MM	YY	YY
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SECTION E: 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.

STAMP
(Compulsory)

SIGNATURE OF COMMISSIONER OF OATHS

(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	<i>Your account number ** with SAPC and surname & initials.</i>												

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.**

Signature _____

Date _____