



## CESSION OF CONTRACT OF TRAINEESHIP . . . (CONTINUED)

### SECTION D: CONTRACT OF CESSION OF TRAINEESHIP ENTERED INTO BY AND BETWEEN THE ABOVE CEDENT, CESSIONARY AND THE TRAINEE

In terms of the original contract for traineeship, of the trainee concluded between the Cedent and the trainee dated the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, the Cedent supervised the traineeship of the Trainee; and WHEREAS the Cedent and the Cessionary have agreed that the Cedent will cede all his/her rights, obligations and interests, to the Cessionary in accordance with above-mentioned contract subject to amendments mentioned below; and WHEREAS the Cessionary takes cession of the Cedent's rights, obligations and interests in accordance to above-mentioned contract. The parties agree as follows:

1. **Cession:** The Cedent cedes all his/her rights, obligations and interests in accordance with the contract, of which a copy is enclosed herewith, to the Cessionary subject to amendments mentioned below.
2. **Acceptance:** The Cessionary accepts the cession mentioned in 1, subject to obligations applicable to the Cedent and in accordance with above-mentioned contract and subject to amendments mentioned below.
3. **Consent:** The trainee accepts and confirms the cession of the above-mentioned contract.
4. **Effective date:** Notwithstanding the date of countersigning of this cession, it be taken that the cession will become effective on the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, and will continue until the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.
5. **Amendments to Contract**
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_

Signed by the Cedent at _____	on	DD / MM / YYYY	
			(Cedent)
Signed by the Cessionary at _____	on	DD / MM / YYYY	
			(Cessionary)
Permission herewith granted by the trainee at _____	on	DD / MM / YYYY	
			(Trainee)
Witnessed by: Name _____			(Witness)
Name _____			(Witness)

### SECTION E: DECLARATION BY THE CEDENT (CURRENT TUTOR)

### Office Use Only

I, the above tutor (refer Section A), declare that:

- a) I have acted as the responsible tutor for the above trainee during a period of traineeship in terms of the Pharmacy Act, 1974, at the pharmacy specified in Section A;
- b) the period of practical training undergone under my supervision by the above trainee commenced on the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, and will terminate on the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_;
- c) the above period of traineeship took place in accordance with the requirements, with which I am familiar, of the South African Pharmacy Council, by virtue of a contract approved by the Council; and
- d) the information furnished herewith is true and correct.

Cedent's (current tutor's) Signature: \_\_\_\_\_

Date: DD / MM / YYYY



## South African Pharmacy Council

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Form is valid for  
**2026** only

Page 3 of 3

### CESSION OF CONTRACT OF TRAINEESHIP ... (CONTINUED)

SECTION F: SUPPORTING DOCUMENTATION AND APPLICABLE FEES	Office Use Only
<p>I, the above applicant (trainee), submit the following in support of my application:</p> <p>a) cession fee – trainee: <b>R1, 740.00</b> (VAT incl.) (refer note B)</p> <p>Mark with a ✓</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin-left: 100px;"></div>	<p><b>Note B:</b> Fees are subject to change without further notification.</p>
<p><b>SECTION G: DECLARATION BY APPLICANT (TRAINEE)</b></p> <p>I, the above applicant, declare that:</p> <p>a) I herewith include all the applicable documentation/fees mentioned in Section F above; and</p> <p>b) the information furnished herewith is true and correct.</p> <p>Applicant's Signature: _____ Application Date</p> <div style="display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px; text-align: center;">D</div><div style="margin: 0 5px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px; text-align: center;">M</div><div style="margin: 0 5px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px; text-align: center;">Y</div></div>	

#### 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 \_\_\_\_\_