

South African Pharmacy Council591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; Tel: 0861 7272 00; E-mail: customercare@sapc.za.org; Website: www.sapc.za.org

APPLICATION FOR ISSUING OF A DUPLICATE CERTIFICATE FOR A PHARMACY, OWNER OR RESPONSIBLE PHARMACIST IN TERMS OF THE PHARMACY ACT 53 OF 1974

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OF OTION	A ADDI 10	Retu	rn to: The Re	gistrar, South African								ddres	ss ab	ove				
SECTION A: APPLICANT'S PERSONAL PARTICULARS					<u> </u>						DI	D'a D	NIa.		<u> </u>		<u> </u>	<u> </u>
Facility's Y no:										KI	P's P	NO.	Р					
Surname/last name			Initials (first names															
Title			IIIIIIais (IIIst Hallies															
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number																.1.		
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Cell phone number Work telephone number																		
Fax telepho	ne number																	
E-mail addr	ess																	
Name of th	e Pharmacy																	
Courier add	ress																	
					Street code													
SECTION E	3: APPLICAE	BLE FE	ES (TICK IN T	HE APPROPRIATE BI	LOCK	((S)												
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(VAT incl))					(VAT incl)								(VAT				
														incl)				
SECTION D	: DECLARAT	ION B	Y APPLICANT					<u> </u>										
I, the abov	e applicant, d	eclare	that:															
a) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and																		
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b) The	iniormation i	urnisne	ea nerewith is t	rue and correct.					_									
Applicant's Signature: Application Date:																		
SECTION	F: DECLARA	TION	BY COMMISS	ONER OF OATHS														
The abovementioned was SIGNED and SWORN TO before me at														STAMP				
(Compulsory) on thisday of in the year, the deponent (applicant) having																		
acknowledged that he/she knows and understands the contents of this declaration.																		
acknowled	ged that ne/si	ne kno	ws and unders	ands the contents of th	is de	cıaraı	tion						((Full nam				
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			NER OF OATI	_	'o fin	anai	al a	votom)										-,
SAPC Electronic Payment Details (If not yet captured on Council' Name of Beneficiary					South African Pharmacy Council													
Name of Bank					Standard Bank of South Africa													
Account type					Cheque account													
Branch Code					0	1	0		4	5		<u> </u>	1					
	Account number				0	1	1		8	5	8	6	6					
Beneficiary F					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.) tnat											
2. 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