



South African Pharmacy Council

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

Form is valid for
2026 only

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APPLICATION FOR ISSUING OF A DUPLICATE CERTIFICATE FOR A REGISTERED PERSON 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, to the postal address above														
SECTION A: APPLICANT'S PERSONAL PARTICULARS														
Council registration number						Council account number	P							
Surname/last name														
Title						Initials (first names)								
First names in full														
Identity number/Permit number														
Date of birth							Gender and race	Male	Female	Race	Asian	Black	Coloured	White
Courier address														
													Street code	
Cell phone number														
Work telephone number														
Fax telephone number														
E-mail address														
Category of Registration:														
(Please tick applicable block)	Student	Intern	Pharmacist	Qualified Assistant Post-Basic	Assistant Learner-Post Basic	Assistant Learner-Basic	Qualified Assistant Basic	Others						
SECTION B: APPLICABLE FEES (TICK IN THE APPROPRIATE BLOCK(S))														
Pharmacist's Assistant R2,867.00 (VAT incl.)	Intern R2, 867.00 (VAT incl.)	Pharmacist R2,867.00 (VAT incl.)	Tutor R2, 867.00 (VAT incl.)	Responsible Pharmacist R2,867.00 (VAT incl.)	Student R2,867.00 (VAT incl.)									
Qualified Assistant Post-Basic R2,867.00 (VAT incl.)	Assessor R2,867.00 (VAT incl.)	Owner R2,867.00 (VAT incl.)	Moderator R2,867.00 (VAT incl.)	Qualified Assistant Basic R2,867.00 (VAT incl.)	Duplicate certificate of courses completed for the Council's Diploma in Pharmacy R2,867.00 (VAT incl.)									
SECTION C: SUPPORTING DOCUMENTS AND APPLICABLE FEES														
I, the above applicant, submit the following in support of my application														Mark with a ✓
a) A higher certificate obtained, either degree, diploma, enrolment or competence certificate from an accredited Provider;														
b) Duplicate registration fee as described in section B														
SECTION D: DECLARATION BY APPLICANT														
I, the above applicant, declare that:														
a) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and														
b) The information furnished herewith is true and correct.														
Applicant's Signature: _____										Application Date: DD MM YYYY				
SECTION F: DECLARATION BY COMMISSIONER OF OATHS														
The abovementioned was SIGNED and SWORN TO before me at												STAMP (Compulsory) (Full names, capacity, address and contact details)		
on this ____ day of _____ in the year _____, the deponent (applicant) having														
acknowledged that he/she knows and understands the contents of this declaration.														

Signature _____

Date _____



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SIGNATURE OF COMMISSIONER OF OATHS

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	Your account number ** with SAPC and surname & initials.												

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_____