

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

Page 1 of 2

Signature____

APPLICATION FOR UPDATING OF PERSONAL DETAILS OF 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 PE											
Council registration number				Cou	ncil a	ccount	Р				
Surname/last name											
Title	Initials (first names)										
First names in full		<u>.</u>									
Identity number/Permit number											
New ID/Passport number				0			1	[A ·]		0.11	NA 11
Date of birth	1	/		Gender	Male	Female	Race	Asiar	Black	Coloured	White
Courier address											
								Street	code		
Cell phone number											
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Fax number											
E-mail address											
New employment address											
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E-mail address											
Category of Registration:	Student	Intern	Pharmacist	Pharmacist's Assistant (Pos Basic)	t As	armacist's sistant ısic)	Pharm Assista (Learne	ant	•	's Other (F specify)	Please
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Date



South African Pharmacy Council

Form is valid for **2026** only

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Page 2 of 2

Applicant's Signature:

SECTION F: DECLARATION BY COMMISSIONER OF OATHS

The abovementioned was SIGNED and SWORN TO before me at
on this _____ day of ____ in the year _____, the deponent (applicant) having
acknowledged that he/she knows and understands the contents of this declaration.

SIGNATURE OF COMMISSIONER OF OATHS

Application ____ DD / MM / Y YYY

MM / Y YYY

STAMP
(Compulsory)

(Full names, capacity, address and contact details of Commissioner of Oaths)

SAPC Electronic Payment Details (If not yet capture	ed on	Coun	cil's fi	nancia	al syst	em)						
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