



South African Pharmacy Council

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APPLICATION FOR REMARKING OF EXAMINATION PAPER IN TERMS OF 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 a					ccount number				Р									
Surname/last name																									
Title												Init	tials	s (fi	rst	nam	es								
First names in full																									
Identity number/Passport number																									
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Fax telephone number																									
E-mail address																									
SECTION B: EXAMINATION DATES	AND S	UBJ	ECTS	ГО ВЕ	REMA	ARKE	D																		
Exam dates					Subje	ct to	be r	ema	rke	d															
SECTION C: APPLICABLE FEES																									
An analysis of examination results (per	paper) fee	– R 16	17.00																					
SECTION D: DECLARATION BY APP	LICA	VΤ																							
I, the above applicant, declare that the	inform	ation	furnish	ed he	rewith	is tru	e and	d co	rrec	t.															
					D	ate_																			
Applicant's Signature																									

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 within 60 days of this application the application will be invalid 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.