





# South African Pharmacy Council

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Form is valid for  
**2023** only

<b>SECTION D: DECLARATION BY APPLICANT</b>											
<p>I, the above applicant, declare that:</p> <p>(a) I herewith include all the applicable documentation/fees mentioned in Section C above;</p> <p>(b) I will comply with the requirements for practicing as a pharmacist's assistant (post-basic);</p> <p>(c) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and</p> <p>(d) the information furnished herewith is true and correct.</p> <p><b>Applicant's Signature:</b> _____ <b>Application Date:</b> <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p>	D	D	/	M	M	/	Y	Y	Y	Y	
D	D	/	M	M	/	Y	Y	Y	Y		
<b>SECTION E: DECLARATION BY COMMISSIONER OF OATHS</b>											
<p>The abovementioned declarations were SIGNED and SWORN TO before me at</p> <p>_____</p> <p><i>(place)</i></p> <p>on this ____ day of _____ in the year _____, the deponents (applicant) having acknowledged that they know and understand the contents of this declaration.</p> <p><b>SIGNATURE OF COMMISSIONER OF OATHS</b> _____</p>	<p><b>STAMP</b> (Compulsory)</p> <p><i>(Full names, capacity, address and contact details of Commissioner of Oaths)</i></p>										

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	<b>Your account number ** with SAPC and surname &amp; initials.</b>

**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
- Your registration date will be determined by the date of receipt of a completed application form, supporting documents and fees (please refer to item 1. above)
- 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.