



The South African Pharmacy Council
591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc,za.org
Tel: 0861 7272 00; Fax: 27 (12) 3211479/92; E-mail: <a href="mailto:customercare@sapc.za.org">customercare@sapc.za.org</a>

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## APPLICATION FOR CHANGE OF DESIGNATION FROM NON-PRACTISING TO PRACTISING IN TERMS OF THE REGULATIONS RELATING TO CONTINUING PROFESSIONAL DEVELOPMENT FOLLOWING INVOLUNTARY CHANGE OF DESIGNATION TO NON-PRACTISING (e.g., non-compliance of CPD requirements)

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(a) Proof of payment (R2382.00)																											
(b) A certified copy of the latest Identity Document																											
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SECTION C: DECLARATION	BY	AP	PLI	CA	NT																						
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(a) I herewith include all the applicable documentation/fees mentioned in Section B above;																											
(b) I comply with the requirements for registration as a pharmacist;																											
<ul><li>c) I have not been found guilty</li><li>d) The information furnished h</li></ul>								arm	acy	Act.	, 197	74, a	as aı	men	ded	; an	d										
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# The South African Pharmacy Council

Form is valid for **2023** only

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Name of Bank	Standard Bank of South Africa														
Account type	Che	que a	count												
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:

- 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.
- Cash, postal orders and cheques will not be accepted with any application form.
- 2. 3. 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.

## For Pharmacist only:

- If your application for change of designation is received within 60 days after your name has been removed from the registers of practicing persons, all sub-roles e.g. Tutor, Responsible Pharmacist and Assessors, will also be restored;
- If your application for change of designation is received after 60 days from the date of erasure, you will be expected to re-apply for registration (b) and or approval for all your relevant sub-roles.

Signature	Date