



South African Pharmacy Council

Form is valid for
2023 only

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007;
Tel: 0861 7272 00; Fax: 27 (12) 321 1479; E-mail: customercare@sapc.za.org; Website: www.sapc.za.org

Page 2 of 2

National Certificate: Pharmacist's Assistance (Manufacturing) R2,530.00		Further Education and Training Certificate: Pharmacist's Assistance (Manufacturing) R2,530.00	
--	--	--	--

Please print and use black ink to complete

SECTION C: APPLICABLE FEES AND SUPPORTING DOCUMENTS	MARK WITH X
--	--------------------

Proof of payment must be submitted in support of this application:

1. Fee for extension of provider accreditation/approval (R2,530.00)	
--	--

2. Fee for extension of course accreditation/approval as described in Section B	
---	--

SECTION D: DECLARATION BY THE APPLICANT

I, hereby, declare that our provider and course(s) accreditation/approval conditions as a determined by Council have not changed.

Note: In the event of change of ownership and/or delivery of the course, the provider must submit completed forms for accreditation/approval as the provider and for the course(s).

SIGNATURE:

NAME:

DESIGNATION:

DATE:

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

SECTION E: DECLARATION BY COMMISSIONER OF OATHS

SIGNED and SWORN 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 :**

DATE:

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

STAMP

*Full name, capacity, address and contact
details of Commissioner of Oaths*

**ONLY ORIGINAL DOCUMENTATION OR CERTIFIED COPIES WHERE APPLICABLE WILL BE
ACCEPTED BY THE SOUTH AFRICAN PHARMACY COUNCIL**

ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR