South African Pharmacy Council
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

Form is valid for **2023** only

APPLICATION FOR ISSUING OF A DUPLICATE CERTIFICATE FOR A 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 PERSONAL PARTICULARS

Council registration number		Council account number	P
Surname/last name			
Title		Initials (first names	
First names in full			
Identity number/Permit number			
Date of birth	/ /	**Gender and race**	Male / Female — **Race** Asian / Black / Coloured / White
Courier address			
			Street code
Cell phone number			
Work telephone number			
Fax telephone number			
E-mail address			

Category of Registration: (Please tick applicable block)

Student	**Intern**	**Pharmacist**	Qualified **Assistant Post-Basic**	**Assistant Learner-Post Basic**	**Assistant Learner-Basic**	Qualified **Assistant Basic**	**Others**

SECTION B: APPLICABLE FEES (TICK IN THE APPROPRIATE BLOCK(S)

Pharmacist's Assistant R2,542.00 (VAT incl.)	Intern R2, 542.00 (VAT incl.)	Pharmacist R2,542.00 (VAT incl.)	Tutor R2,542.00 (VAT incl.)	Responsible Pharmacist R2,542.00 (VAT incl.)	Student R2,542.00 (VAT incl.)
Qualified Assistant Post-Basic R2,542.00 (VAT incl.)	Assessor R2,542.00 (VAT incl.)	Owner R2,542.00 (VAT incl.)	Moderator R2,542.00 (VAT incl.)	Qualified Assistant Basic R2,542.00 (VAT incl.)	Duplicate certificate of courses completed for the Council's Diploma in Pharmacy R2,542.00 (VAT incl.)

SECTION C: SUPPORTING DOCUMENTS AND APPLICABLE FEES

I, the above applicant, submit the following in support of my application — Mark with a ✓

a) A higher certificate obtained, either degree, diploma, enrolment or competence certificate from an accredited Provider;
b) Duplicate registration fee as described in section B

SECTION D: DECLARATION BY APPLICANT

I, the above applicant, declare that:

a) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and
b) The information furnished herewith is true and correct.

Applicant's Signature: _____ **Application Date:** D D / M M / Y Y Y Y

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

STAMP
(Compulsory)

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

Signature_____ Date_____

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	*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_____