



# South African Pharmacy Council

Form is valid for  
**2024** only

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# APPLICATION FOR ISSUING OF A DUPLICATE CERTIFICATE FOR A PHARMACY, OWNER OR RESPONSIBLE PHARMACIST 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																								
<b>SECTION A: APPLICANT'S PERSONAL PARTICULARS</b>																								
Facility's Y no:	Y <input type="text"/>										RP's P No.					P <input type="text"/>								
Surname/last name	<input type="text"/>																							
Title	<input type="text"/>										Initials (first names) <input type="text"/>													
First names in full	<input type="text"/>																							
Identity number or Permit number	<input type="text"/>																							
Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender and race		Male <input type="checkbox"/> Female <input type="checkbox"/>		Race		Asian <input type="checkbox"/>	Black <input type="checkbox"/>	Coloured <input type="checkbox"/>	White <input type="checkbox"/>				
Cell phone number	<input type="text"/>																							
Work telephone number	<input type="text"/>																							
Fax telephone number	<input type="text"/>																							
E-mail address	<input type="text"/>																							
Name of the Pharmacy	<input type="text"/>																							
Courier address	<input type="text"/>																							
																			Street code		<input type="text"/>	<input type="text"/>		
<b>SECTION B: APPLICABLE FEES (TICK IN THE APPROPRIATE BLOCK(S))</b>																								
Recording of a facility <b>R2,692.00</b> (VAT incl)		Recording of a facility (Pre - may 2003) <b>R2,692.00</b> (VAT incl)		Owner <b>R2,692.00</b> (VAT incl)		Approval of a Pharmacy Premises for training purposes <b>R2,692.00</b> (VAT incl)				Grading of a Pharmacy Certificate <b>R2,692.00</b> (VAT incl)				Other <b>R2,692.00</b> (VAT incl)										
<b>SECTION D: DECLARATION BY APPLICANT</b>																								
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: DD / MM / YY    YY    YY														
<b>SECTION F: DECLARATION BY COMMISSIONER OF OATHS</b>																								
The abovementioned was SIGNED and SWORN TO before me at															<b>STAMP</b> (Compulsory)  <i>(Full names, capacity, address and contact details of Commissioner of Oaths)</i>									
on this ____ day of _____ in the year _____, the deponent (applicant) having																								
acknowledged that he/she knows and understands the contents of this declaration.																								
<b>SIGNATURE OF COMMISSIONER OF OATHS</b>																								
<b>SAPC Electronic Payment Details (If not yet captured on Council's financial system)</b>																								
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										<i>Your account number ** with SAPC and surname &amp; initials.</i>														

Signature \_\_\_\_\_

Date \_\_\_\_\_

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