

Form is valid for **2024** only

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;

APPLICATION FOR REGISTRATION AS AN ASSESSOR /MODERATOR IN **TERMS OF THE PHARMACY ACT 53 OF 1974**

	k ink and complete in BLOCK CAPITALS. Registrar, South African Pharmacy Council Office Use Only	
SECTION A: PARTICULARS OF TH ASSESSOR/MODERATOR	HE PHARMACIST DESIRING REGISTRATION AS AN	
AGGEGGGWIIIGDERATOR		
Pharmacy Council registration no:	Pharmacy Council acc no: (if available) Pharmacy Council acc submitted to the registrar within 30 such change	
Surname/last name		
Title	Initials (first names)	
Type of assessor	Assessor Moderator	
First names in full		
Identity number		
Courier address		
(refer note A)		
	Postal code	
Contrat talanhana ayyahan		
Contact telephone number		
Fax number		
Cell number		
E-mail address		
SECTION B: SUPPORTING DOCUM	MENTATION AND APPLICABLE FEES Mark	
I, the above applicant, submit the fo	following in support of my application: with a	
a) a copy of certificate of compe	etence as an assessor/moderator	
b) Copy of identity document		
registration fee – assessor (pa R1223.00	payable with this application for registration)	
c) annual fee – assessor (payab	ble with this application for registration) R442.00	
d) R1223.00 registration fee – n registration)	moderator (payable with this application for	
	rator (payable with this application for registration)	
SECTION C: DECLARATION BY A	PPLICANT	
I, the above applicant, declare that:		
,	umentation/fees mentioned in Section B above;	
	above qualification was awarded;	
c) I comply with the requirement	ts for registration as a specialist; and	
d) the information furnished here	ewith is true and correct.	
Applicant's Signature:	Application Date: DD / MM / YYYY	

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.