



South African Pharmacy Council

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APPLICATION FOR ADMISSION TO THE PROFESSIONAL EXAMINATIONS IN TERMS OF THE PHARMACY ACT 53 of 1974

SECTION A: PARTICULARS OF THE APPLICANT					
Full name(s) of the applicant	HE APPLICANI				$\overline{\Box}$
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Surname of the applicant	Dharmasiat	annount no			
Pharmacist registration no.	Pharmacist (if available)				
Postal address					
	Postal code				
Physical address	. 5513. 5555				
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		Street code			
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Home number					
Work number					
Fax number	(
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Kindly fax or e-mail your applications to customer service





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- Note that 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.

 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 according.