



The South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 7272 00; Fax: 27 (12) 321 1479/92; E-mail: customer@sapc.za.org

Form is valid for
2024 only

APPLICATION FOR RESTORATION OF A NAME TO THE REGISTER DUE TO INVOLUNTARY REMOVAL (e.g. NON - PAYMENT OF ANNUAL FEES) 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	<input type="text"/>	Council account number	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"/>	Gender and race	Male Female Race Asian Black Coloured White					
Postal address	<input type="text"/>							
	Postal code <input type="text"/>							
Physical address	<input type="text"/>							
	Street code <input type="text"/>							
Courier address	<input type="text"/>							
	Postal code <input type="text"/>							
Cell phone number	<input type="text"/>							
Work telephone number	<input type="text"/>							
Fax telephone number	<input type="text"/>							
E-mail address	<input type="text"/>							
Category of registration:	<table border="1"> <tr> <td>Student</td> <td>Intern</td> <td>Pharmacist</td> <td>Assistant – Basic & Post-Basic</td> <td>Assistant: Learner Basic & Learner Post-Basic</td> </tr> </table>			Student	Intern	Pharmacist	Assistant – Basic & Post-Basic	Assistant: Learner Basic & Learner Post-Basic
Student	Intern	Pharmacist	Assistant – Basic & Post-Basic	Assistant: Learner Basic & Learner Post-Basic				
(Please tick applicable block)								

SECTION B: TRAINING PARTICULARS OF APPROVED PHARMACY AND TUTOR (TO BE COMPLETED BY PHARMACIST'S ASSISTANTS (LEARNER BASIC OR POST BASIC ONLY))

Name of pharmacy/institution approved for training	<input type="text"/>			
Sector of pharmacy	Private Sector	Public Sector	Pharmacy registration no	Y <input type="text"/>
Branch of pharmacy	Institutional (hospital)	Community	Manufacturing	Wholesale
Name of pharmacy/institution approved for training	<input type="text"/>			
Tutor registration no	<input type="text"/>	Tutor account no: (if available)	P <input type="text"/>	
Tutor surname/last name	<input type="text"/>			
Tutor title	<input type="text"/>	Tutor Initials (first names)	<input type="text"/>	
Tutor signature	<input type="text"/>	Application date:	<input type="text"/>	
Provider with whom registered for a certificate of qualification in pharmacy e.g. HSA, S BUYS etc	<input type="text"/>			
Provider – Pharmacy Council registration no	<input type="text"/>			

SECTION C: APPLICABLE FEES

Student R2,650.00 - (Section 23(1)(d) of Act 53 of 1974)	Intern R2,650.00 - (Section 23(1)(d) of Act 53 of 1974)	Pharmacist R6,938.00 - (Section 23(1)(d) of Act 53 of 1974)	Assistant – Learner Basic & Learner Post-Basic R2,650.00 - (Section 23(1)(d) of Act 53 of 1974)	Assistant – Basic & Post-Basic R2,650.00 (Section 23(1)(d) of Act 53 of 1974)	Pharmacist Retired (aged 70 older) R1081.00
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SECTION D: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

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

(a) Restoration fee as described in section C	<input type="checkbox"/>
(b) Certified copy of degree or certified copy of competency certificate from your provider.	<input type="checkbox"/>
(c) For Learner (Basic and Post Basic) only	
(i) copy of <u>enrolment certificate</u> issued by the approved provider which will lead to a certificate of qualification in pharmacy	<input type="checkbox"/>
(ii) <u>Approval certificate of a tutor</u>	<input type="checkbox"/>

Signature _____

Date _____



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SECTION E: DECLARATION BY APPLICANT

I, the above applicant, declare that:

- a) I herewith include all the applicable documentation/fees mentioned in section D above;
- b) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and
- c) The information furnished herewith is true and correct.

Applicant's signature: _____ Application date:

D	D	/	M	M	/	Y	Y	Y	Y
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SECTION F: DECLARATION BY COMMISSIONER OF OATHS

The abovementioned was SIGNED and SWORN TO before me at _____ (place)
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)

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	<i>Your account number ** with SAPC and surname & initials.</i>												

PLEASE NOTE:

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.**
4. **For Pharmacist only:**
 - a. If your application for restoration is received within 60 days after your name has been removed from the registers of Council, all sub-roles e.g. Tutor, Responsible Pharmacist and/or Assessor, will also be restored;
 - b. If your application for restoration is received after 60 days from the date of erasure, you will be expected to re-apply for registration and or approval for all your relevant *sub-roles*.

Signature _____

Date _____