

South African Pharmacy Council

Form is valid for **2024** only

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org Tel 08617272 00; Fax: 27 (12) 321 1479/92; E-mail: customercare@sapc.za.org

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Signature____

APPLICATION FOR CERTIFICATE OF GOOD STANDING

	nk and complete in BLOCK CAPITALS. gistrar, South African Pharmacy Council	Office Use Only
SECTION A: PARTICULARS O	F THE PHARMACIST DESIRING LETTER OF GOOD	
STANDING Full name(s) of Pharmacist		
(hereafter referred to as the 'applicant')		
Pharmacist registration no.	Pharmacist account no. (if available)	
Postal address (refer notes A and B)		
	Postal code	
Physical address (refer note B)		
Cell number	Street code	Note A. The postal address
		Note A: The postal address furnished herewith shall be deemed to be the applicant's
Courier Address		registered address.
	Code	Note B: A change of address must be submitted to the Registrar within
Fax number	(30 days of such change.
E-mail address		Note C: Fees subject to
above-mentioned information should accompany this form. Should you FOUR WEEKS after application, co	and address of the Authority/Institution to which the uld be sent. To avoid any delay, the prescribed fees must not receive the requested copies/documentation within intact this office at contact details above. Please note that physical address of the intended recipient for courier, you subsequent courier services.	change without further notification.
Destination institution:		
Street/Physical address of Institution		
	Street code	
Name of contact person at Institution (if available)		
Direct contact number of Contact person (if available)		
Contact number of Institution		
Contact number of Institution		



Signature_____

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Reason(s) for applying for Letter of Good Standing*			
Country of Destination			
Duration of absence from South Africa			
SECTION D. SUPPORTING DOCUMENTATION AND ARRIVABLE FEES			
SECTION B: SUPPORTING DOCUMENTATION AND APPLICABLE FEES			
I, the above applicant, submit proof of payment of R2 593.00 to SAPC Mark with a			
attached:			
a) Proof of direct payment into the bank account of the South African Pharmacy Council			
Council b) Proof of electronic payment (EFT)			
SECTION C: DECLARATION BY APPLICANT			
I, the above applicant, declare that:			
a) I herewith include proof of payment of the applicable fee(s) mentioned in Section B above			
no changes have taken place regarding the information submitted to Council in the application for a Letter of Good Standing; and			
c) the information furnished herewith is true and correct.			
Applicant's Signature: Date: DD / MM / Y Y Y			
PLEASE NOTE:			
. * NB			
(a) Completion of this section is optional.			
(b) The information supplied will be utilized by the Council for planning purposes and confidentiality will be maintained.			
(c) If the reason for applying is registration with a foreign registering authority kindly also is required.	o indicate why such registration		
(d) If you are intending to practice abroad, please indicate as follows:			
2. This application is valid for 60 days from date of receipt by the Office of the Registra			
the required supporting documentation and fees/proof of payment of fees within application will be invalid and all fees (excluding annual fee) that may have been paid he			
3. Cash, postal orders, and cheques will not be accepted with any application forms	rewith shall be fortelled.		
South African Pharmacy Council has a policy of zero tolerance to fraud and corruption. A			
detected or reported will be investigated and perpetrators will be prosecuted accordingly	•		