

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

Signature___

APPLICATION FOR ISSUING OF A DUPLICATE CERTIFICATE FOR A REGISTERED PERSON IN TERMS OF THE PHARMACY ACT 53 OF 1974

SECTION A: APPLICANT'S PERSONAL PARTICULARS Council registration number Surname/last name Initials (first names Initials (first names	Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council, to the postal address above																											
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Date of birth Courier address Cell phone number Work telephone number Work telephone number Fax telephone number Fax telephone number Student Intern Pharmacist Assistant Lough Basic Category of Registration: (Please tick applicable block) SECTION B: APPLICABLE FEES (TICK IN THE APPROPRIATE BLOCK(S) Pharmacist's Intern Pharmacist Assistant R2, 692.00 (VAT incl.) (VAT incl.) Qualified Assistant Post-Assessor Owner Moderator (VAT incl.) R2,692.00 (VAT incl.) Qualified Assistant Post-Assessor Owner Moderator (VAT incl.) R2,692.00 (VAT incl.) (VAT incl.) Qualified Assistant Duplicate certificate of courses completed for the Council's Diploma in the Council's Diploma in all and a part of the Council's Diploma in the Council'	First names in full	Ī	\equiv														T			Ī					Ì			
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GOLDANDA COMMISSIONER OF CATHO	SIGNATURE OF COMMI	ISSION	NER	OF	OA	THS	3															Со					hs)	

Date_____



South African Pharmacy Council

Form is valid for **2024** only

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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	Che	Cheque account												
Branch Code	0	1	0	1	4	5								
Beneficiary Account number	0	1	1	8	8	5	8	6	6					
Beneficiary Reference	Your account number ** with SAPC and surname & initials.													

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.

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.

Signature Date	
Signature Date	