

South African Pharmacy Council

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APPLICATION FOR REGISTRATION OF SUPPLEMENTARY TRAINING 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			Office Use Only
SECTION A: APPLICANT'S PERSONAL PARTICULARS			
Pharmacy Council registration no:	Pharmacy Council acc no: (if available)		
Surname/last name			
Title	Initials (first names)		
First names in full			
Identity number			
Courier address		Note A:	A change of address must be submitted to the registrar
(refer note A)			within 30 days of such
		Note B:	change.
	Postal code	NULE D.	A certified copy is a photocopy of the original document, which has been
Cell number			certified by a Commissioner of Oaths declaring that it is a
Supplementary training to be			true copy of the original document.
registered:		Note C:	Should the name on the
Conferred by which university/institution/provider			application form (Section A) or evidence of supplementary training differ
, ,			from the documentary proof
I, the above applicant, submit the following in support of my application: \checkmark			of identification (i.e. the name on the identity document/passport), the applicant must submit a certified copy of the relevant
a) a certified copy of my identity	document or passport (refer notes B and C)		marriage certificate or documentary evidence and
 b) documentary evidence that the applicant has undergone the above supplementary training (e.g. certificate) 			an affidavit regarding the change of name.
c) registration fee – supplementa	ry training: R2, 921.00 (VAT incl.) (refer note D)	Note D:	Fees are subject to change without further notification.
SECTION C: DECLARATION BY AF	PLICANT		
I, the above applicant, declare that:			
a) I herewith include all the documentation/fees mentioned in Section B above;			
b) I am the person to who underwent the above supplementary training;			
c) I comply with the requirements for registration of supplementary training; and			
d) the information furnished here	with is true and correct.		
Applicant's Signature:	Application Date: DD/MM/YYY		

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