



South African Pharmacy Council

Form is valid for
2024 only

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

Page 1 of 2

APPLICATION FOR UPDATING OF PERSONAL DETAILS OF REGISTERED PERSON 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 DETAILS

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/Permit number	<input type="text"/>		
New ID/Passport number	<input type="text"/>		
Date of birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
		Race	Asiar <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/>
Courier address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Cell phone number	<input type="text"/>		
Telephone number	<input type="text"/>		
Fax number	<input type="text"/>		
E-mail address	<input type="text"/>		

New employment address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Cell phone number	<input type="text"/>		
Telephone number	<input type="text"/>		
Fax number	<input type="text"/>		
E-mail address	<input type="text"/>		

Category of Registration:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Please tick applicable block)	Student	Intern	Pharmacist	Pharmacist's Assistant (Post Basic)	Pharmacist's Assistant (Basic)	Pharmacist's Assistant (Learner Post Basic)	Pharmacist's Assistant (Learner Basic)
							Other (Please specify)

SECTION B: REASON FOR APPLICATION (TICK IN THE APPROPRIATE BLOCK(S))

<input type="checkbox"/> Change of Name/Surname	<input type="checkbox"/> Removal of condition of registration (e.g., change in South African residency status)	<input type="checkbox"/> Update of ID/Passport information	<input type="checkbox"/> Change in employment information of pharmacists with limitation by Workforce
---	--	--	---

DOCUMENTS REQUIRED BY APPLICANT TO BE ISSUED BY THE SAPC (TICK IN THE APPROPRIATE BLOCK)

<input type="checkbox"/> Letter only R1,312.00 (VAT incl.)	<input type="checkbox"/> Letter only R1,312.00 (VAT incl.)	<input type="checkbox"/> Letter only R1,312.00 (VAT incl.)	<input type="checkbox"/> Letter only R1,312.00 (VAT incl.)
<input type="checkbox"/> Letter and certificate R2,020.00 (VAT incl.)	<input type="checkbox"/> Letter and certificate R2,020.00 (VAT incl.)		

SECTION C: SUPPORTING DOCUMENTS AND APPLICABLE FEES

I, the above applicant, submit the following in support of my application

a) A certified copy of ID/Passport Document	Mark with a ✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b) New appointment letter indicating employment address for (change of employment)	
c) Letter from Home Affairs confirming permanent residence status (for removal of limitation)	
d) Copy of the marriage certificate/DHA notice of change of name/surname (for change of name/surname)	

SECTION D: DECLARATION BY APPLICANT

I, the above applicant, declare that:

a) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and

b) The information furnished herewith is true and correct.

Signature _____

Date _____



South African Pharmacy Council

Form is valid for
2024 only

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

Page 2 of 2

Applicant's Signature: _____

Application Date: _____

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

SECTION F: DECLARATION BY COMMISSIONER OF OATHS

The abovementioned was SIGNED and SWORN TO before me at
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:

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 _____