

APPLICATION FOR CHANGE OF DESIGNATION FROM NON-PRACTISING TO PRACTISING IN TERMS OF THE REGULATIONS RELATING TO CONTINUING PROFESSIONAL DEVELOPMENT FOLLOWING INVOLUNTARY CHANGE OF DESIGNATION TO NON-PRACTISING (e.g., non-compliance of CPD requirements)

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 style="width: 100px; height: 20px;" type="text"/>
Council account number	<input style="width: 100px; height: 20px;" type="text"/>
Surname/last name	<input style="width: 100%; height: 20px;" type="text"/>
Title	<input style="width: 100%; height: 20px;" type="text"/>
First names in full	<input style="width: 100%; height: 20px;" type="text"/>
Identity number or Permit number	<input style="width: 100%; height: 20px;" type="text"/>
Date of birth	<input style="width: 100%; height: 20px;" type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White
Postal address	<input style="width: 100%; height: 20px;" type="text"/>
Physical address	<input style="width: 100%; height: 20px;" type="text"/>
Courier address	<input style="width: 100%; height: 20px;" type="text"/>
Cell phone number	<input style="width: 100%; height: 20px;" type="text"/>
Work telephone number	<input style="width: 100%; height: 20px;" type="text"/>
Fax telephone number	<input style="width: 100%; height: 20px;" type="text"/>
E-mail address	<input style="width: 100%; height: 20px;" type="text"/>
SECTION B: SUPPORTING DOCUMENTATION AND APPLICABLE FEES	
I, the above applicant, submit the following in support of my application: Mark with a ✓	
(a) Proof of payment (R2523.00)	<input type="checkbox"/>
(b) A certified copy of the latest Identity Document	<input type="checkbox"/>
(c) A certified copy of the qualification	<input type="checkbox"/>
SECTION C: DECLARATION BY APPLICANT	
I, the above applicant, declare that:	
(a) I herewith include all the applicable documentation/fees mentioned in Section B above; (b) I comply with the requirements for registration as a pharmacist; (c) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and (d) The information furnished herewith is true and correct.	
Applicant's Signature: _____	Application Date: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
SECTION D: 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.	STAMP (Compulsory) <i>(Full names, capacity, address and contact details of Commissioner of Oaths)</i>
SIGNATURE OF COMMISSIONER OF OATHS	
SAPC Electronic Payment Details (If not yet captured on Council's financial system)	
Name of Beneficiary	South African Pharmacy Council

Signature _____

Date _____

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) 3211479/92; E-mail: customer@sapc.za.org

Form is valid for
2024 only

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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.**

For Pharmacist only:

- (a) If your application for change of designation is received within 60 days after your name has been removed from the registers of practicing persons, all sub-roles e.g. Tutor, Responsible Pharmacist and Assessors, will also be restored;
- (b) If your application for change of designation 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 _____