



South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 SAPC 00; Fax: 27 (12) 321-1479/92; E-mail: customercare@sapc.za.org

Form is valid for
2024 only

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APPLICATION FOR REGISTRATION AS A FOREIGN EXCHANGE PHARMACY STUDENT

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												
Surname/last name	<input type="text"/>	Account number P <input type="text"/>										
Title	<input type="text"/> Initials (first names) <input type="text"/>	Registration number S <input type="text"/>										
First names in full	<input type="text"/>	Change of title if applicable <input type="text"/>										
Passport number	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	Change of name <input type="text"/>										
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Change of name (& title if applicable) Initials <input type="text"/> Date <input type="text"/>										
Gender and race	Male <input type="checkbox"/> Female <input type="checkbox"/> Race Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/>	Data checked against ID Initials <input type="text"/> Date <input type="text"/>										
Postal address	<input type="text"/>	Data checked against Class List Initials <input type="text"/> Date <input type="text"/>										
		Details captured Initials <input type="text"/> Date <input type="text"/>										
		Certificate issued Initials <input type="text"/> Date <input type="text"/>										
		Date of registration Initials <input type="text"/> Date <input type="text"/>										
		Registration approved										
Country of origin	<input type="text"/>											
Cell number	<input type="text"/>											
Fax number	(<input type="text"/>) <input type="text"/> - <input type="text"/>											
E-mail address	<input type="text"/>											
Provider of qualification (RSA university)	<input type="text"/>											
University student number	<input type="text"/>											
Year of study	<table border="1"><tr><td>1st</td><td>2nd</td><td>3rd</td><td>4th</td><td>Other (please specify)</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>	1st	2nd	3rd	4th	Other (please specify)						
1st	2nd	3rd	4th	Other (please specify)								
SECTION B: SUPPORTING DOCUMENTATION AND APPLICABLE FEES												
I, the above applicant, submit the following in support of my application:		Mark with a ✓										
a) a certified copy of my passport;		<input type="checkbox"/>										
b) a recent colour photograph of myself (passport size) – attached alongside		<input type="checkbox"/>										
c) a compulsory registration fee – Pharmacy student: R1099.00 (VAT incl.)		<input type="checkbox"/>										
d) a compulsory annual fee – Pharmacy student: R280.00 (VAT incl.)		<input type="checkbox"/>										
e) proof of registration with an approved provider of the B. Pharm degree in South Africa		<input type="checkbox"/>										
f) proof that the student is registered with a foreign provider as a B. Pharm or equivalent		<input type="checkbox"/>										

Signature _____

Date _____



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SECTION C: DECLARATION BY APPLICANT

I, the above applicant, declare that:

- a) I herewith include all the documentation/fees mentioned in Section B above;
- b) I comply with the requirements for admission to the module (s) for exchange programme for which I am enrolled;
- c) the information furnished herewith is true and correct.

Applicant's Signature: _____

Application Date: _____

DD	MM	YYYY
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SECTION D: DECLARATION BY REGISTRAR OF UNIVERSITY

REGISTRAR'S STAMP

It is hereby certified that the above applicant has been admitted at this University (RSA Provider of Qualification) as a foreign exchange pharmacy student

Registrar of University: _____

SECTION E: 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.

SIGNATURE OF COMMISSIONER OF OATHS _____

STAMP
(Compulsory)

(Full names, capacity, address and contact details of
Commissioner of Oaths)

Requirements for registration as a foreign exchange students:

Council register foreign exchange student. The approved/accredited provider must submit an application for registration to be approved prior to the student engaging in the relevant structured practice experience (SPE). This application form must be submitted to Council, at least thirty (30) prior to the commencement of the SPE. Registered with the University for a module an exchange

The duration of the registration may not be longer than nine (9) months and the provider must notify Council when such registration is no longer required. The cost for such application and registration is similar to the fee paid by all students.

PLEASE NOTE:

For first-time registration only original applications will be accepted. Please do not fax or e-mail applications if registering for the first time as a student. 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 _____