



APPLICATION FOR REGISTRATION AS A PHARMACY STUDENT 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								
<b>SECTION A: APPLICANT'S PERSONAL PARTICULARS</b>										
Surname/last name	<input type="text"/>	Account number <b>P</b> <input type="text"/>								
Title	<input type="text"/> Initials (first names) <input type="text"/>	Registration number <b>S</b> <input type="text"/>								
First names in full	<input type="text"/>	Change of title if applicable <input type="text"/>								
Identity 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"/>								
Physical address	<input type="text"/>	Details captured Initials <input type="text"/> Date <input type="text"/>								
Courier address	<input type="text"/>	Certificate issued Initials <input type="text"/> Date <input type="text"/>								
Cell number	<input type="text"/>	Date of registration Initials <input type="text"/> Date <input type="text"/>								
Work telephone number	( <input type="text"/> ) <input type="text"/> - <input type="text"/>	Registration approved Managers Initials <input type="text"/> Date <input type="text"/>								
Fax number	( <input type="text"/> ) <input type="text"/> - <input type="text"/>	Attach Photograph here								
E-mail address	<input type="text"/>									
Provider of qualification (university)	<input type="text"/>									
University student number:	<input type="text"/>									
Current year of study	<table border="1"> <tr> <td>1st</td> <td>2nd</td> <td>3rd</td> <td>4th</td> </tr> <tr> <td>P25</td> <td>P25</td> <td>P25</td> <td>P25</td> </tr> </table>	1st	2nd	3rd	4th	P25	P25	P25	P25	
1st	2nd	3rd	4th							
P25	P25	P25	P25							
<b>SECTION B: SUPPORTING DOCUMENTATION AND APPLICABLE FEES</b>										
I, the above applicant, submit the following in support of my application:		Mark with a ✓								
a) a <b>certified</b> copy of my identity document or passport (refer notes D and E);		<input type="checkbox"/>								
b) a recent colour photograph of myself (passport size) – attached alongside;		<input type="checkbox"/>								

Signature \_\_\_\_\_

Date \_\_\_\_\_



# South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org  
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Form is valid for  
**2026** only

Page 2 of 2

c) registration fee – Pharmacy student: <b>R1171.00</b> (VAT incl.) ( <b>refer note F</b> );		
d) annual fee – Pharmacy student: <b>R298.00</b> (VAT incl.) ( <b>refer note F</b> );		
e) a <b>certified</b> copy of my study permit (foreign students)		
f) proof of current registration with the university		

<b>SECTION C: DECLARATION BY APPLICANT</b>	
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 1 <sup>st</sup> year or subsequent year of study for the qualification in pharmacy (BPharm degree) for which I am enrolled;	
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.	
<b>Applicant's Signature:</b> _____	<b>Application Date:</b> DD / MM / YYYY

<b>SECTION D: DECLARATION BY REGISTRAR OF UNIVERSITY/HEAD OF SCHOOL</b>	<b>REGISTRAR'S STAMP</b>
It is hereby certified that the above applicant has been admitted to the 1 <sup>st</sup> year or subsequent year of study for the qualification in pharmacy (BPharm degree) at this University (Provider of Qualification).	
<b>Registrar of University/Head of School:</b> _____	

<b>SECTION E: DECLARATION BY COMMISSIONER OF OATHS</b>	<b>STAMP</b> (Compulsory)
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.	
<b>SIGNATURE OF COMMISSIONER OF OATHS</b> _____	(Full names, capacity, address and contact details of Commissioner of Oaths)

- Note B:** The postal address furnished herewith shall be deemed to be the applicant's **registered** address.
- Note C:** A change of address must be submitted to the registrar within 30 days of such change.
- Note D:** A certified copy is a photocopy of the original document, which has been certified by a Commissioner of Oaths declaring that it is a true copy of the original document.
- Note E:** Should the name on the application form (Section A) differ from the documentary proof of identification (i.e. the name on the identity document/passport), the applicant must submit a certified copy of the relevant marriage certificate or documentary evidence and an affidavit regarding the change of name.
- Note F:** Fees are subject to change without further notification.

**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 learner basic pharmacist's assistant
- 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 \_\_\_\_\_