



APPLICATION FOR CHANGE OF UNIVERSITY FOR 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								
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"/>								
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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/>	Data checked against Class List Initials <input type="text"/> Date <input type="text"/>								
Physical address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/>	Details captured Initials <input type="text"/> Date <input type="text"/>								
Courier address	<input type="text"/> <input type="text"/> <input type="text"/> Code <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"/>									
Previous provider of qualification (Old university)	<input type="text"/>									
New provider of qualification (New university)	<input type="text"/>									
New 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	4 th	P25	P25	P25	P25	
1st	2nd	3rd	4 th							
P25	P25	P25	P25							

Signature _____

Date _____



South African Pharmacy Council

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Tel: 0861 SAPC 00; E-mail: customercare@sapc.za.org

Form is valid for
2026 only

SECTION B: SUPPORTING DOCUMENTATION	
I, the above applicant, submit the following in support of my application:	Mark with a ✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
a) a certified copy of my identity document or passport (refer notes D and E);	
b) a recent colour photograph of myself (passport size) – attached alongside;	
c) a certified copy of my study permit	
d) a copy of results from University.	

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 1 st 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.	
Applicant's Signature: _____	Application Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

SECTION E: DECLARATION BY COMMISSIONER OF OATHS	
The abovementioned was SIGNED and SWORN TO before me at _____ <i>(place)</i> 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) <i>(Full names, capacity, address and contact details of Commissioner of Oaths)</i>

- 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.
- Note:** *Once registered with Council as a 2nd year pharmacy student the applicant is entitled to practice as a pharmacist's assistant (basic) under the direct personal supervision of a pharmacist. On successful completion of the 2nd year of study the applicant is entitled to practice as a pharmacist's assistant (post-basic) under the direct personal supervision of a pharmacist whilst registered as a 3rd or 4th year pharmacy student with Council.*

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.

Signature _____

Date _____