



South African Pharmacy Council

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Form is valid for
2026 only

APPLICATION FOR REVIEW OF EXAMINATION PAPER IN TERMS OF 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 PARTICULARS

Council registration number	<input type="text"/>	Council account number	<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/Passport number	<input type="text"/>		
Date of birth	<input type="text"/>	Gender and race	<input type="text"/>
Courier address	<input type="text"/>	Male	Female
Cell phone number	<input type="text"/>	Race	Asian Black Coloured White
Work telephone number	<input type="text"/>		
Fax telephone number	<input type="text"/>		
E-mail address	<input type="text"/>		

SECTION B: EXAMINATION DATES AND SUBJECTS TO BE REVIEWED

Exam dates	Subject to be reviewed

SECTION C: APPLICABLE FEES

An analysis of examination results (per paper) fee – R 1 215,00

SECTION D: DECLARATION BY APPLICANT

I, the above applicant, declare that the information furnished herewith is true and correct.

Applicant's Signature

Date

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 within 60 days of this application the application will be invalid.
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.

Signature

Date