

## APPLICATION FOR REVIEW OF REGISTRATION DATE IN TERMS OF THE PHARMACY ACT NO 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																	
<b>SECTION A: APPLICANT'S PERSONAL PARTICULARS</b>																	
Registration number										Account number	P						
Surname/last name																	
Title																	
First names in full																	
Identity number/Permit number																	
Date of birth			/			/											
Gender and race	Male			Female			Race	Asian		Black		Colored		White			
Courier Address													Street code				
Cell phone number																	
Work telephone number																	
Fax number																	
E-mail address																	
<b>SECTION B: CATEGORY OF REGISTRATION - TICK IN THE APPROPRIATE BLOCK(S)</b>																	
Pharmacist's Assistant Learner Basic				Pharmacist's Assistant Basic				Pharmacist's Assistant Learner Post Basic					Pharmacist's Assistant Post Basic				
Student				Intern				CSP					Pharmacist				Specialist Pharmacist
<b>SECTION C: REASON FOR REVIEW - TICK IN THE APPROPRIATE BLOCK(S)</b>																	
Approval / Registration date														Mark with a <input type="checkbox"/>			
Any other decision, please specify																	
<b>SECTION D: SUPPORTING DOCUMENTS</b>																	
I, the above applicant, submit the following in support of my application:														Mark with a <input type="checkbox"/>			
(a) Motivation for the review																	
(b) Any other document to support the review.																	
<b>SECTION E: DECLARATION BY APPLICANT</b>																	
I, the above applicant, declare that the information furnished herewith is true and correct																	
Applicant's Signature										Date							

**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
- Registration date is determined by the date of receipt of completed application form, supporting documents and fees;
- 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 \_\_\_\_\_