



South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007;
Tel: 0861 7272 00; Fax: 27 (12) 321 1479; E-mail: customer@sapc.za.org; Website: www.sapc.za.org

Form is valid for
2026 only

Page 1 of 2

APPLICATION FOR REGISTRATION OF A BACHELOR OF PHARMACY GRADUATE AS A PHARMACIST'S ASSISTANT PHARMACY TECHNICIAN 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		PLEASE NOTE:
SECTION A: APPLICANT'S PERSONAL PARTICULARS		Note A: You are requested to furnish gender and race to enable Council to measure transformation in the profession.
P number	P <input type="text"/>	Note B: The postal address furnished herewith shall be deemed to be the applicant's registered address. All correspondence and certificates will be posted to this address.
Surname/last name	<input type="text"/>	Note C: A change of address must be submitted to the registrar within 30 days of such change.
Title	<input type="text"/> Initials (first names) <input type="text"/>	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.
First names in full	<input type="text"/>	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.
Identity number	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	
Date of birth	DD / MM / YYYY	
Gender and race (refer note A)	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"/>	
Postal address (refer notes B and C)	<input type="text"/> <input type="text"/> <input type="text"/> Postal code <input type="text"/>	
Physical address (refer note C)	<input type="text"/> <input type="text"/> <input type="text"/> Street code <input type="text"/>	
Cell number	<input type="text"/>	
Courier address	<input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/>	Note F: Fees are subject to change without further notification
Work telephone number	(<input type="text"/>) <input type="text"/> - <input type="text"/>	Note G: Persons qualified outside South Africa must submit 1) SAPC issued decision letter stating approval to write the professional exams 2) SAPC results letter indicating a pass in Applied Pharmacy Practice within the Legal Framework paper
Fax number	(<input type="text"/>) <input type="text"/> - <input type="text"/>	Persons qualified in South Africa must submit 1) documentary proof that they have completed the BPharm degree 2) documentary evidence that they have applied for internship positions and their job application(s) have been declined OR a letter addressed to the Registrar stating their intention to delay registration as a pharmacist intern.
E-mail address	<input type="text"/>	
SECTION B: REASON FOR REGISTRATION		
Undertaking professional examinations	<input type="checkbox"/> No internship position <input type="checkbox"/> Delaying internship <input type="checkbox"/>	
SECTION C: 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 identity document or passport (refer notes D and E)	<input type="checkbox"/>	
b) documentary evidence that the applicant has obtained the Bachelor of Pharmacy degree	<input type="checkbox"/>	
c) documentary evidence that the applicant has written the professional exam and passed the Applied Pharmacy Practice within the Legal Framework paper (where applicable)	<input type="checkbox"/>	
d) documentary evidence that the applicant has applied for internship positions and their job application(s) have been declined (where applicable)	<input type="checkbox"/>	
e) a letter addressed to the Registrar stating intention to delay registration as a pharmacist intern (where applicable)	<input type="checkbox"/>	
f) registration fee – pharmacist's assistant (pharmacy technician): R2 889.00 (VAT incl.) (refer note F)	<input type="checkbox"/>	



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Page 2 of 2

g) Annual fee: R737.00 (VAT incl.) payable with application (refer note F)							
SECTION D: DECLARATION BY APPLICANT							
<p>I, the above applicant, declare that:</p> <p>(a) I herewith include all the applicable documentation/fees mentioned in Section C above;</p> <p>(b) I am the person to whom the above qualification was awarded;</p> <p>(c) I comply with the requirements for registration as a pharmacist's assistant (post-basic);</p> <p>(d) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended;</p> <p>(e) I have never in any country been convicted of any serious offence against the law or been debarred from practice by reason of misconduct and that to the best of my knowledge and belief no proceedings involving or likely to involve a charge of any such nature are pending against me in any country; and</p> <p>(f) the information furnished herewith is true and correct.</p> <p>Applicant's Signature: _____ Application Date: <table border="1"><tr><td>DD</td><td>/</td><td>MM</td><td>/</td><td>YYYY</td></tr></table></p>			DD	/	MM	/	YYYY
DD	/	MM	/	YYYY			
SECTION E: DECLARATION BY COMMISSIONER OF OATHS							
<p>The abovementioned declarations were SIGNED and SWORN TO before me at</p> <p>_____</p> <p>(place)</p> <p>on this ____ day of _____ in the year _____, the deponents (applicant)</p> <p>having acknowledged that they know and understand the contents of this declaration.</p> <p>SIGNATURE OF COMMISSIONER OF OATHS _____</p>		<p>STAMP (Compulsory)</p> <p>(Full names, capacity, address and contact details of Commissioner of Oaths)</p>					

SAPC Electronic Payment Details (If not yet captured on Council's financial system)													
Name of Beneficiary	South African Pharmacy Council												
Name of Bank	Standard Bank of South Africa												
Account type	Cheque account												
Branch Code	0	1	0	1	4	5							
Beneficiary Account number	0	1	1	8	8	5	8	6	6				
Beneficiary Reference	Your account number ** with SAPC and surname & initials.												

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 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
2. Your registration date will be determined by the date of receipt of a completed application form, supporting documents and fees (please refer to item 1. above)
3. Cash, postal orders and cheques will not be accepted with any application form.
4. 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.