



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

PRE-REGISTRATION EXAMINATION APPLICATION

| 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 | | | |
| P-number | <input type="text"/> | Account number (P-number) <input type="text"/> | |
| Surname / last name | <input type="text"/> | Registration number <input type="text"/> | |
| Title | <input type="text"/> Initials (first names) <input type="text"/> | Documents/fees received Application form <input type="text"/> | |
| Full names in full | <input type="text"/> | Fee from 3 rd attempt <input type="text"/> | |
| Identity number | <input type="text"/> | Fee for special exam <input type="text"/> | |
| Postal address | <input type="text"/> | Late booking fee <input type="text"/> | |
| | <input type="text"/> | Exam attempts <input type="text"/> 1 st <input type="text"/> 2 nd <input type="text"/> 3 rd | |
| | <input type="text"/> Postal code <input type="text"/> | Application approved <input type="text"/> Yes <input type="text"/> No <input type="text"/> | |
| Courier address | <input type="text"/> | <input type="text"/> | |
| | <input type="text"/> Street code <input type="text"/> | Signature <input type="text"/> | |
| Cell phone number | <input type="text"/> | | |
| Work telephone number | (<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"/> | | |
| Fax number | (<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"/> | | |
| Email address | <input type="text"/> | | |
| SECTION B: PREFERRED DATE TO WRITE THE EXAMINATION | | | |
| 03/04 March 2026 <input type="text"/> 04/05 August 2026 <input type="text"/> | | | |
| 20/21 October 2026 <input type="text"/> | | | |
| SECTION C: PREFERRED VENUE TO WRITE THE EXAMINATION (Venue for special examination is in Pretoria only) | | | |
| Remote: Residence <input type="checkbox"/> | | | |
| Remote: Work <input type="checkbox"/> | | | |
| Remote: Other <input type="checkbox"/> | | | |

Applicant Signature: _____

Application Date: _____



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 2 of 2

| 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. For those who wish to sit for the examination at a particular date, the form must be returned to Council respectively. **There is no fee for the first and second attempt at the examination for candidates. An entrance fee of R2 792.00 (VAT incl.) is payable for the third and subsequent attempts at the examination.**
2. A late booking fee of R1 379,00 (VAT incl.) will be charged for bookings submitted less than four weeks and up to 14 days before the examination date.
3. Interns will only be allowed to sit for the examination after completion of a minimum of six months of their internship. Refer to the Intern and Tutor Manual for other requirements.
4. The postal address furnished herewith shall be deemed to be the applicant's **registered** address. A change of address must be submitted to the registrar within 30 days of such change.
5. Cash, postal orders and cheques will not be accepted with any application form.
6. 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.

Applicant Signature: _____

Application Date: _____