



# 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: [customercare@sapc.za.org](mailto:customercare@sapc.za.org); Website: [www.sapc.za.org](http://www.sapc.za.org)

Form is valid for  
**2022** only

## APPLICATION FOR REGISTRATION AS AN ASSESSOR /MODERATOR 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	
<b>SECTION A: PARTICULARS OF THE PHARMACIST DESIRING REGISTRATION AS AN ASSESSOR/MODERATOR</b>		<b>Note A:</b> A change of address must be submitted to the registrar within 30 days of such change	
Pharmacy Council registration no:	Pharmacy Council acc no: (if available)		P
Surname/last name			
Title	Initials (first names)		
Type of assessor	Assessor		Moderator
First names in full			
Identity number			
<b>Courier address (refer note A)</b>			
Contact telephone number			
Fax number			
Cell number			
E-mail address			
<b>SECTION B: SUPPORTING DOCUMENTATION AND APPLICABLE FEES</b>			
I, the above applicant, submit the following in support of my application:		Mark with a ✓	
a) a copy of certificate of competence as an assessor/moderator		<input type="checkbox"/>	
b) Copy of identity document		<input type="checkbox"/>	
registration fee – assessor (payable with this application for registration) <b>R1090.00</b>		<input type="checkbox"/>	
c) annual fee – assessor (payable with this application for registration) <b>R393.00</b>		<input type="checkbox"/>	
d) <b>R1090.00</b> registration fee – moderator (payable with this application for registration)		<input type="checkbox"/>	
e) <b>R393.00</b> annual fee – moderator (payable with this application for registration)		<input type="checkbox"/>	
<b>SECTION C: DECLARATION BY APPLICANT</b>			
I, the above applicant, declare that:			
a) I herewith include all the documentation/fees mentioned in Section B above;			
b) I am the person to whom the above qualification was awarded;			
c) I comply with the requirements for registration as a specialist; and			
d) the information furnished herewith is true and correct.			
<b>Applicant's Signature:</b> _____	<b>Application Date:</b>	DD / MM / YYYY	

**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.