



South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 7272 00; Fax: 27 (12) 321 1479/92; E-mail: customercare@sapc.za.org

2022

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																			
SECTION A: APPLICANT'S PERSONAL PARTICULARS																			
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																			
SECTION B: CATEGORY OF REGISTRATION - TICK IN THE APPROPRIATE BLOCK(S)																			
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											
SECTION C: REASON FOR REVIEW - TICK IN THE APPROPRIATE BLOCK(S)																			
Approval / Registration date												Mark with a <input type="checkbox"/>							
Any other decision, please specify																			
SECTION D: SUPPORTING DOCUMENTS																			
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.																			
SECTION E: DECLARATION BY APPLICANT																			
I, the above applicant, declare that the information furnished herewith is true and correct																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; height: 40px;"></td> <td style="width: 10%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Applicant's Signature</td> <td></td> <td style="text-align: center;">Date</td> </tr> </table>																	Applicant's Signature		Date
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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 _____