



# 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

## PRE-REGISTRATION EXAMINATION APPLICATION

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council	Office Use Only																						
<b>SECTION A: APPLICANT'S PERSONAL PARTICULARS</b>																							
P-number <input style="width: 100px;" type="text"/>  Surname / last name <input style="width: 100%; height: 20px;" type="text"/>  Title <input style="width: 100px;" type="text"/> Initials (first names) <input style="width: 100px;" type="text"/>  Full names in full <input style="width: 100%; height: 20px;" type="text"/>  Identity number <input style="width: 100%; height: 20px;" type="text"/>  Postal address <input style="width: 100%; height: 40px;" type="text"/>  <div style="display: flex; justify-content: space-between;"> <span></span> <span>Postal code <input style="width: 100px;" type="text"/></span> </div> Courier address <input style="width: 100%; height: 40px;" type="text"/>  <div style="display: flex; justify-content: space-between;"> <span></span> <span>Street code <input style="width: 100px;" type="text"/></span> </div> Cell phone number <input style="width: 100%; height: 20px;" type="text"/>  Work telephone number ( <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> ) <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>  Fax number ( <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> ) <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>  Email address <input style="width: 100%; height: 20px;" type="text"/>	<b>Account number (P-number)</b> <input style="width: 100%; height: 20px;" type="text"/>  <b>Registration number</b> <input style="width: 100%; height: 20px;" type="text"/>  <b>Documents/fees received</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Application form</td> <td style="width: 20%;"><input type="checkbox"/></td> </tr> <tr> <td>Fee from 3<sup>rd</sup> attempt</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Fee for special exam</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>Late booking fee</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>Exam attempts</td> <td>1<sup>st</sup> <input type="checkbox"/> 2<sup>nd</sup> <input type="checkbox"/> 3<sup>rd</sup> <input type="checkbox"/></td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>Application approved</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> <tr> <td>Signature</td> <td><input style="width: 100%; height: 20px;" type="text"/></td> </tr> </table>	Application form	<input type="checkbox"/>	Fee from 3 <sup>rd</sup> attempt	<input type="checkbox"/>	Fee for special exam	<input type="checkbox"/>			Late booking fee	<input type="checkbox"/>			Exam attempts	1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/>			Application approved	Yes <input type="checkbox"/> No <input type="checkbox"/>			Signature	<input style="width: 100%; height: 20px;" type="text"/>
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<b>SECTION B: PREFERRED DATE TO WRITE THE EXAMINATION</b>																							
05 March 2020 <input style="width: 50px;" type="text"/> 18 July 2020 <input style="width: 50px;" type="text"/>  22 October 2020 <input style="width: 50px;" type="text"/>																							
<b>SECTION C: PREFERRED VENUE TO WRITE THE EXAMINATION</b> (Venue for special examination is in Pretoria only)																							
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Durban <input style="width: 50px;" type="checkbox"/></td> <td style="width: 25%;">Bloemfontein <input style="width: 50px;" type="checkbox"/></td> <td style="width: 25%;">Cape Town <input style="width: 50px;" type="checkbox"/></td> </tr> <tr> <td>Grahamstown <input style="width: 50px;" type="checkbox"/></td> <td>Johannesburg <input style="width: 50px;" type="checkbox"/></td> <td>Kimberley <input style="width: 50px;" type="checkbox"/></td> </tr> <tr> <td>Polokwane <input style="width: 50px;" type="checkbox"/></td> <td>Port Elizabeth <input style="width: 50px;" type="checkbox"/></td> <td>Potchefstroom <input style="width: 50px;" type="checkbox"/></td> </tr> <tr> <td>Pretoria <input style="width: 50px;" type="checkbox"/></td> <td>Witbank <input style="width: 50px;" type="checkbox"/></td> <td></td> </tr> </table>		Durban <input style="width: 50px;" type="checkbox"/>	Bloemfontein <input style="width: 50px;" type="checkbox"/>	Cape Town <input style="width: 50px;" type="checkbox"/>	Grahamstown <input style="width: 50px;" type="checkbox"/>	Johannesburg <input style="width: 50px;" type="checkbox"/>	Kimberley <input style="width: 50px;" type="checkbox"/>	Polokwane <input style="width: 50px;" type="checkbox"/>	Port Elizabeth <input style="width: 50px;" type="checkbox"/>	Potchefstroom <input style="width: 50px;" type="checkbox"/>	Pretoria <input style="width: 50px;" type="checkbox"/>	Witbank <input style="width: 50px;" type="checkbox"/>											
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Applicant Signature: \_\_\_\_\_

Application Date: \_\_\_\_\_



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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	<b>Your account number ** with SAPC and surname &amp; initials.</b>											

**Please note:**

- 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, 342.00 (VAT incl.) is payable for the special examination, and the third and subsequent attempts at the examination.**
- A late booking fee of R1158, 00 (VAT incl.) will be charged for bookings submitted less than four weeks and up to 14 days before the examination date.
- 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.
- 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.
- 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.

Applicant Signature: \_\_\_\_\_

Application Date: \_\_\_\_\_