



## South African Pharmacy Council

ACKNOWLEDGEMENT OF DEBT I, the undersigned, ..... (Name  
of the Debtor) ..... (identity number) .....(P-number)

Address: .....

..... Employed at: .....

.....(Y-number)..... do hereby acknowledge that I am

truly and lawfully indebted to South African Pharmacy Council in the sum of

..... (insert amount in words and figures)

being for .....

.....(specify reason or cause of debt) I hereby bind myself to

pay the full amount of the said capital by not later than

.....(insert final date of repayment) The total payment

should be payable within six months.

SIGNED at ..... on this ..... day of ..... 20....

Debtor .....

WITNESSES: 1. ....

WITNESSES: 2. ....

### For office use only:

Recommendation:.....

Approved / Not approved (Circle the applicable)

General Manager: Finance.....