



South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007;
Tel: 0861 7272 00; E-mail: customercare@sapc.za.org; Website: www.sapc.za.org

Form is valid for
2025 only

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APPLICATION FOR REGISTRATION AS A PHARMACIST'S ASSISTANT (QUALIFIED BASIC) IN TERMS OF THE PHARMACY ACT 53 OF 197

This form is to be completed only by an assistant registered as a learner prior 15 July 2013, all learner registrations after 15 July 2013 must be submitted electronically by the Provider.

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council		PLEASE NOTE:			
SECTION A: APPLICANT'S PERSONAL PARTICULARS		<p>Note A: You are requested to furnish gender and race particulars to enable Council to measure transformation in the profession.</p> <p>Note B: The postal address furnished herewith shall be deemed to be the applicant's registered address <u>all correspondence and certificates will be posted to this address.</u></p> <p>Note C: A change of address must be submitted to the registrar within 30 days of such change.</p> <p>Note D: The applicant must have successfully completed all the unit standards required for a particular category of pharmacy prior to registration and may only practise in the category(ies) of pharmacy for which he/she has obtained a certificate of qualification for all the required standards.</p> <p>Note E: A certified copy is a photocopy of the original document, which has been certified by a Commissioner of Oaths declaring that it is a true copy of the original document.</p> <p>Note F: Should the name on the application form (Section A) differ from the documentary proof of identification (i.e. the name on the identity document/passport), the applicant must submit a certified copy of the relevant marriage certificate or documentary evidence and an affidavit regarding the change of name.</p> <p>Note G: Fees are subject to change without further notification.</p>			
P number	P <input type="text"/>				
Surname/last name	<input type="text"/>				
Title	<input type="text"/> Initials (first names) <input type="text"/>				
First names in full	<input type="text"/>				
Identity number	<input type="text"/>				
Date of birth	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY				
Gender and race (refer note A)	<input type="checkbox"/> Male <input type="checkbox"/> Female Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White				
Postal address (refer notes B and C)	<input type="text"/>				
	<input type="text"/> Postal code <input type="text"/>				
Physical address (refer note C)	<input type="text"/>				
	<input type="text"/> Street code <input type="text"/>				
Cell number	<input type="text"/>				
Courier address	<input type="text"/>				
	<input type="text"/> Street code <input type="text"/>				
Work telephone number	<input type="text"/>				
Fax number	<input type="text"/>				
E-mail address	<input type="text"/>				
SECTION B: Particulars of the pharmacy/institution where the applicant intends practising					
Name of pharmacy/institution:	<input type="text"/>				
Pharmacy registration no:	Y <input type="text"/>				
Category of pharmacy in which applicant intends practising (refer note D)	<table border="1"> <tr> <td><input type="checkbox"/> Institutional (hospital)</td> <td><input type="checkbox"/> Community</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Wholesale</td> </tr> </table>	<input type="checkbox"/> Institutional (hospital)	<input type="checkbox"/> Community	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wholesale
<input type="checkbox"/> Institutional (hospital)	<input type="checkbox"/> Community	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wholesale		
Sector of pharmacy in which applicant intends practising (if known)	<table border="1"> <tr> <td><input type="checkbox"/> Private Sector</td> <td><input type="checkbox"/> Public Sector</td> </tr> </table>	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector		
<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector				

Signature _____

Date _____



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SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

I, the above applicant, submit the following in support of my application:

Mark with a ✓

- a) a **certified** copy of my identity document or passport (**refer notes E and F**)
- b) documentary evidence of a certificate of qualification from a registered provider
- c) **registration fee** – pharmacist’s assistant (basic): **R1257.00** (VAT incl.)
- d) **annual fee R 711.00** (VAT incl.) payable with application (**refer note G**)



SECTION D: DECLARATION BY APPLICANT

I, the above applicant, declare that:

- (a) I herewith include all the applicable documentation/fees mentioned in Section C above;
- (b) I am the person mentioned in the attached certificate of qualification and it is my own lawful property;
- (c) I have completed a period of at **least 12 months in-service training** as prescribed in terms of the *Regulations relating to pharmacy education and training*;
- (d) I comply with the requirements for registration as a pharmacist’s assistant (basic);
- (e) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended;
- (f) I have never in any country been convicted of any serious offence against the law or been debarred from practice by reason of misconduct and that to the best of my knowledge and belief no proceedings involving or likely to involve a charge of any such nature are pending against me in any country; and
- (g) the information furnished herewith is true and correct.

Applicant’s Signature:

Application Date:

DD / MM / YYYY

SECTION E: DECLARATION BY TUTOR

Office Use Only

Pharmacist registration no: Pharmacist acc no: (if available)

Surname/last name

Title Initials (first names)

First names in full

Name of pharmacy/institution

Pharmacy registration no:

I, the above tutor, declare that:

- a) I have acted as the tutor for the above applicant (pharmacist’s assistant) during his/her period of in-service training in terms of the Pharmacy Act, 1974 at the pharmacy specified above;
- b) the period of in-service training undergone under my supervision by the above pharmacist’s assistant commenced on the _____ day of _____ in the year _____, and will terminate on the _____ day of _____ in the year _____;
- c) the above period of in-service training took place in accordance with the requirements, with which I am familiar, of the South African Pharmacy Council; and
- d) the information furnished herewith is true and correct.

Tutor’s Signature:

Application Date:

DD / MM / YYYY

SECTION F: DECLARATION BY COMMISSIONER OF OATHS

Signature _____

Date _____



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The abovementioned declarations were SIGNED and SWORN TO before me at

(place)

on this ____ day of _____ in the year _____, the deponents (applicant and tutor)

having acknowledged that they know and understand the contents of this declaration.

SIGNATURE OF COMMISSIONER OF OATHS _____

STAMP
(Compulsory)

(Full names, capacity, address and contact details of Commissioner of Oaths)

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:

- For first-time registration only original applications will be accepted. Please do not fax or e-mail applications if registering for the first time as a learner basic pharmacist's assistant
- 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
- 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)
- 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 _____