



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	<input type="checkbox"/>	Female	<input type="checkbox"/>	Race	Asian	<input type="checkbox"/>	Black	<input type="checkbox"/>	Colored	<input type="checkbox"/>	White	<input type="checkbox"/>	
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	<input type="checkbox"/>	Pharmacist's Assistant Basic	<input type="checkbox"/>	Pharmacist's Assistant Learner Post Basic	<input type="checkbox"/>	Pharmacist's Assistant Post Basic	<input type="checkbox"/>							
Student	<input type="checkbox"/>	Intern	<input type="checkbox"/>	CSP	<input type="checkbox"/>	Pharmacist	<input type="checkbox"/>	Specialist Pharmacist	<input type="checkbox"/>					
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														
Applicant's Signature							Date							

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 _____