



# South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007;  
Tel: 0861 7272 00; E-mail: [customer@sapc.za.org](mailto:customer@sapc.za.org); Website: [www.sapc.za.org](http://www.sapc.za.org)

Form is valid for  
**2025** only

## APPLICATION FOR A PHARMACIST INTERN TO PRACTICE AS A PHARMACIST'S ASSISTANT POST-BASIC WHILST AWAITING PHARMACEUTICAL COMMUNITY SERVICE COMMENCEMENT OR PLACEMENT, IN TERMS OF THE PHARMACY ACT, 53 OF 1974

| Please use black ink and complete in BLOCK CAPITALS.<br>Return to: The Registrar, South African Pharmacy Council                  |                                                                                                                                                   | PLEASE NOTE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |        |       |          |       |          |       |
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| <b>SECTION A: APPLICANT'S PERSONAL PARTICULARS</b>                                                                                |                                                                                                                                                   | <p><b>Note A:</b> You are requested to furnish gender and race to enable Council to measure transformation in the profession.</p> <p><b>Note B:</b> The postal address furnished herewith shall be deemed to be the applicant's <b>registered</b> address. <b>All</b> correspondence and certificates will be posted to this address.</p> <p><b>Note C:</b> A change of address must be submitted to the registrar within 30 days of such change.</p> <p><b>Note D:</b> 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><b>Note E:</b> 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 <b>certified copy of the relevant marriage certificate</b> or documentary evidence and an affidavit regarding the change of name.</p> <p><b>Note F:</b> This approval is subject to the following: (1) the intern must have successfully completed all pre-registration requirements and (2) the intern has been released from internship. (3) the intern's previous employer has terminated their internship contract. (4) The intern has provided documentary proof that they have applied for community service with the National Department of Health and are awaiting placement or commencement of community service within the next 6 months at the institution where they have been placed.</p> <p><b>Note G:</b> 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"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
| Date of birth                                                                                                                     | <input type="text"/> D / <input type="text"/> M / <input type="text"/> Year                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
| Gender and race (refer note A)                                                                                                    | <table border="1"> <tr> <td>Male</td> <td>Female</td> <td>Race</td> <td>Asian</td> <td>Black</td> <td>Coloured</td> <td>White</td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Male | Female | Race  | Asian    | Black | Coloured | White |
| Male                                                                                                                              | Female                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Race | Asian  | Black | Coloured | White |          |       |
| Postal address (refer notes B and C)                                                                                              | <input type="text"/>                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
|                                                                                                                                   | <input type="text"/>                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
|                                                                                                                                   | <input type="text"/> Postal code <input type="text"/>                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
| Physical address (refer note C)                                                                                                   | <input type="text"/>                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
|                                                                                                                                   | <input type="text"/>                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
|                                                                                                                                   | <input type="text"/> Street code <input type="text"/>                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
| Cell number                                                                                                                       | <input type="text"/>                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
| Courier address                                                                                                                   | <input type="text"/>                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
|                                                                                                                                   | <input type="text"/> Code <input type="text"/>                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
| Work telephone number (if applicable)                                                                                             | ( <input type="text"/> ) <input type="text"/> - <input type="text"/>                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
| Fax number (if applicable)                                                                                                        | ( <input type="text"/> ) <input type="text"/> - <input type="text"/>                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
| E-mail address                                                                                                                    | <input type="text"/>                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
| <b>SECTION B: REASON FOR REGISTRATION</b>                                                                                         |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
| To practice as a pharmacist assistant, post basic, awaiting pharmaceutical services commencement/ placement                       |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
| <b>SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES</b>                                                                    |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
| I, the above applicant, submit the following in support of my application:                                                        | Mark with a ✓                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
| a) a <b>certified</b> copy of my identity document or passport (refer notes D and E)                                              | <input type="checkbox"/>                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
| b) documentary evidence that the applicant has applied for community service placement or awaiting commencement (refer note F) or | <input type="checkbox"/>                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
| c) documentary evidence that the applicant's intern received an offer to commence community service later but within 6 months.    | <input type="checkbox"/>                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
| d) Annual fee: <b>R711.00</b> (VAT incl.) payable with application (refer note G)                                                 | <input type="checkbox"/>                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |
| <b>SECTION D: DECLARATION BY APPLICANT</b>                                                                                        |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |       |          |       |          |       |



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I, the above applicant, declare that:

- (a) I herewith include all the applicable documentation/fees mentioned in Section C above;
- (b) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended;
- (c) 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
- (d) the information furnished herewith is true and correct.

Applicant's  
Signature: \_\_\_\_\_

Application Date:

|    |   |    |   |      |
|----|---|----|---|------|
| DD | / | MM | / | YYYY |
|----|---|----|---|------|

### SECTION E: DECLARATION BY COMMISSIONER OF OATHS

The abovementioned declarations were SIGNED and SWORN TO before me at

\_\_\_\_\_ (place)

on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, the deponents (applicant)

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

#### 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
- 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.