



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; Website: www.sapc.za.org

Form is valid for
2025 only

APPLICATION FOR ISSUING OF AN ACADEMIC RECORD IN TERMS OF THE PHARMACY ACT 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

Council registration number	<input type="text"/>	Council account 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 or Permit number	<input type="text"/>							
Date of birth	<input type="text"/>	Gender and race	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White			
Courier address	<input type="text"/>							
	<input type="text"/>			Street code	<input type="text"/>			
Cell phone number	<input type="text"/>							
Work telephone number	<input type="text"/>							
Fax telephone number	<input type="text"/>							
E-mail address	<input type="text"/>							
Category of Registration: (Please tick applicable block)	<input type="checkbox"/> Student	<input type="checkbox"/> Intern	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Qualified Assistant Post-Basic	<input type="checkbox"/> Assistant Learner Post Basic	<input type="checkbox"/> Assistant Learner-Basic	<input type="checkbox"/> Qualified Assistant Basic	<input type="checkbox"/> Others

SECTION B: APPLICABLE FEES
Academic Record & Curriculum (Dip Pharm applicants only) **R2, 767.00 (VAT incl)**

SECTION C: SUPPORTING DOCUMENTS AND APPLICABLE FEES

I, the above applicant, submit the following in support of my application
Mark with a ✓

a) A higher certificate obtained, either degree, diploma, enrolment or competence certificate from an accredited Provider;

b) Duplicate registration fee as described in section B.

SECTION D: DECLARATION BY APPLICANT

I, the above applicant, declare that:

a) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and

b) The information furnished herewith is true and correct.

Applicant's Signature: _____ **Application Date:**

SECTION F: DECLARATION BY COMMISSIONER OF OATHS

The abovementioned was SIGNED and SWORN TO before me at

on this ____ day of _____ in the year _____, the deponent (applicant) having

acknowledged that he/she knows and understands the contents of this declaration.

SIGNATURE OF COMMISSIONER OF OATHS

STAMP
(Compulsory)

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

Signature _____

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	<i>Your account number ** with SAPC and surname & initials.</i>												

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

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_____