



South African Pharmacy Council

Form is valid for **2025** only

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel 08617272 00; E-mail: customercare@sapc.za.org

APPLICATION FOR CERTIFICATE OF GOOD STANDING

Please use black ink and complete in **BLOCK CAPITALS**.
Return To: The Registrar, South African Pharmacy Council

Office Use Only

SECTION A: PARTICULARS OF THE PHARMACIST DESIRING LETTER OF GOOD STANDING

Full name(s) of Pharmacist <i>(hereafter referred to as the 'applicant')</i>	<input type="text"/>		
Pharmacist registration no.	<input type="text"/>	Pharmacist account no. (if available)	<input type="text" value="P"/>
Postal address (refer notes A and B)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Physical address (refer note B)	<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"/>		
	<input type="text"/>	Code	<input type="text"/>
Fax number	(<input type="text"/>)	<input type="text"/>	- <input type="text"/>
E-mail address	<input type="text"/>		

Note A: The postal address furnished herewith shall be deemed to be the applicant's **registered** address.

Note B: A change of address must be submitted to the Registrar within 30 days of such change.

Note C: Fees subject to change without further notification.

Kindly furnish the registered name and address of the Authority/Institution to which the above-mentioned information should be sent. To avoid any delay, the prescribed fees must accompany this form. Should you not receive the requested copies/documentation within **FOUR WEEKS** after application, contact this office at contact details above. Please note that should you not supply the correct physical address of the intended recipient for courier, you will be held liable for the costs of subsequent courier services.

Destination institution:	<input type="text"/>
Street/Physical address of Institution	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Name of contact person at Institution (if available)	<input type="text"/>
Direct contact number of Contact person (if available)	<input type="text"/>
Contact number of Institution	<input type="text"/>

Signature _____

Date _____



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Contact number of Institution	<input type="text"/>	
Reason(s) for applying for Letter of Good Standing*		
<input type="text"/>		
<input type="text"/>		
Country of Destination		
<input type="text"/>		
Duration of absence from South Africa		
<input type="text"/>		
SECTION B: SUPPORTING DOCUMENTATION AND APPLICABLE FEES		
I, the above applicant, submit proof of payment of R2 666.00 to SAPC attached:		Mark with a ✓
a) Proof of direct payment into the bank account of the South African Pharmacy Council	<input type="checkbox"/>	
b) Proof of electronic payment (EFT)	<input type="checkbox"/>	
SECTION C: DECLARATION BY APPLICANT		
I, the above applicant, declare that:		
a) I herewith include proof of payment of the applicable fee(s) mentioned in Section B above		
b) no changes have taken place regarding the information submitted to Council in the application for a Letter of Good Standing; and		
c) the information furnished herewith is true and correct.		
Applicant's Signature: _____	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>

PLEASE NOTE:

- * NB**
 - Completion of this section is optional.
 - The information supplied will be utilized by the Council for planning purposes and confidentiality will be maintained.
 - If the reason for applying is registration with a foreign registering authority kindly also indicate why such registration is required.
 - If you are intending to practice abroad, please indicate as follows:
- 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 forms
- 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 _____