



South African Pharmacy Council

Form is valid for
2025 only

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COMPLETION OF PHARMACEUTICAL COMMUNITY SERVICE

DECLARATION BY PHARMACIST IN CHARGE				
I, the undersigned				
Title	<input style="width: 90%;" type="text"/>	Initials (first names)	<input style="width: 90%;" type="text"/>	Pharmacist account no (if available) <input style="width: 90%;" type="text" value="P"/>
Surname/last name	<input style="width: 100%;" type="text"/>			
First names in full	<input style="width: 100%;" type="text"/>			
Pharmacy Reg no	<input style="width: 100%;" type="text" value="Y"/>			
Pharmacy Name	<input style="width: 100%;" type="text"/>			
Province/Authority	<input style="width: 100%;" type="text"/>			
Cell number	<input style="width: 100%;" type="text"/>			
Work Tel number	<input style="width: 100%;" type="text"/>			
Fax number	<input style="width: 100%;" type="text"/>			
E-mail address	<input style="width: 100%;" type="text"/>			
AS THE PHARMACIST IN CHARGE HEREBY DECLARE THAT –				
Title	<input style="width: 90%;" type="text"/>	Initials (first names)	<input style="width: 90%;" type="text"/>	Pharmacist account no (if available) <input style="width: 90%;" type="text" value="P"/>
Surname/last name	<input style="width: 100%;" type="text"/>			
First names in full	<input style="width: 100%;" type="text"/>			
ID number	<input style="width: 100%;" type="text"/>			
Cell number	<input style="width: 100%;" type="text"/>			
WAS REGISTERED AS A PHARMACIST FOR THE PURPOSE OF PERFORMING PHARMACEUTICAL COMMUNITY SERVICES IN TERMS OF THE PHARMACY ACT 1974 AS AMENDED, AND HAS WORKED AT THIS INSTITUTION TO FULFILL HIS/HER STATUTORY 12 MONTHS PHARMACEUTICAL COMMUNITY SERVICE TO THE SATISFACTION OF THE DEPARTMENT/PROVINCE/AUTHORITY				
Commencement Date	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	(The 12 months is calculated from the official registration date with SAPC)
Completion Date	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	
Date:	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	
<div style="border: 1px solid black; width: 150px; height: 80px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">STAMP</div>				
Signature: Pharmacist in Charge	<input style="width: 100%; height: 30px;" type="text"/>			
Signature: Head of Pharmaceutical Services	<input style="width: 100%; height: 30px;" type="text"/>			
Full names: Head of Pharmaceutical Services	<input style="width: 100%;" type="text"/>			
Contact number	<input style="width: 100%;" type="text"/>			
Date:	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	