



The South African Pharmacy Council
591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc,za.org
Tel: 0861 7272 00; E-mail: customercare@sapc.za.org

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APPLICATION FOR RESTORATION OF A NAME TO THE REGISTER DUE TO VOLUNTARY **REMOVAL IN TERMS OF THE PHARMACY ACT, 53 OF 1974**

Return to: The Registrar, South African Pharmacy Council, to the postal address above SECTION A: APPLICANT'S PERSONAL PARTICULARS												
	CANT'S PERSUNAL F	AKTICULAKS										
Council registration number	Council account number											
Surname/last name												
Title	Initials (first names											
First names in full												
Identity number or Permit number												
Date of birth	Gender and race Male Female Race Asian Black Coloured White											
Postal address												
	Postal code											
Physical address												
	Street code											
Courier address	ddress											
	Postal code											
Cell phone number												
Work telephone number												
Fax number												
E-mail address												
	Please tick ($\sqrt{\ }$) the appro	priate block below, to indicat	Council account P									
Catamanust												
Category of registration:	13 Months or less	13 to 36 Months	37 to 60 Months	60 Months or more								
Supporting documents: (Each application form should be	Restoration form	Restoration form	Restoration form	Restoration form								
	A certified copy of your qualifications			A certified copy of your qualifications								
accompanied by the documents stated in the blocks)	A certified copy of the ID document			A certified copy of the ID document								
	proof of payment	proof of payment	proof of payment	proof of payment								
		Police Clearance Certificate	Police Clearance Certificate	Police Clearance Certificate								
		Comprehensive Curriculum Vitae	Comprehensive Curriculum Vitae	Comprehensive Curriculum Vitae								
			entries. (R1228.00) R307.00									
				Pay the Pre-Registration examination fee (R2 629.00)								
		pharmacist to perform 40 pharmacist to perform 200		to perform 400.								
		development plan showing	development plan showing the identified additional education, training, and experience to meet any gaps in knowledge and	development plan showing the identified additional education, training, and experience to meet any								
			declaration	-								
ND. For phormosists u	tha wara practicing auto	ida Caush Africa. A carsis	icate of good standing (from	the statutemy heady in that								

Country is required)





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SECTION B: APPLI	CABLE FEES				
Retired Pharmacist (aged 70 older) R186.00 (Section 23(1)(d) of Act, 53 of 1974) NB: CPD/Examination fee will apply depending on the number of months off the register	Pharmacist who has been off the register for less than 13 months - R2752.00 (Section 23(1)(d) of Act, 53 of 1974)	Pharmacist who has been off the register for 13 to 36 Months - R2752.00 (Section 23(1)(d) of Act, 53 of 1974	Pharmacist who has been off the register for 37 to 60 Months – R4015.00 (Section 23(1)(d) of Act, 53 of 1974)	Pharmacist who has been off the register for more than 60 months – R7348.00 (Section 23(1)(d) of Act, 53 of 1974)	
SECTION C: SUPP	ORTING DOCUMENTA	 ATION AND APPLICAB	I F FFFS		
		in support of my applica		Mark with a ✓	
(b) All the required		ed in section A TION OF A NAM		TO VOLUNTARY REMOVAL	
1	CLARATION BY APPL		MACY ACT, 53 OF 1974 (Continued)	
	cant, declare that:				
,	• •		mentioned in section D above;		
b) I have not	been found guilty of an	ny offence under the Pha	armacy Act, 1974, as amended; and		
c) The inform	nation furnished herewinure:	th is true and correct. Application	on date:	Υ	
SECTION E: DE	CLARATION BY COM	MISSIONER OF OATHS	5		
The abovemention	oned was SIGNED and	STAMP (Compulsory)			
on thisday	ofin	the year, the	deponent (applicant) having		
acknowledged th	at he/she knows and ur	nderstands the contents	of this declaration.		
SIGNATURE OF COMMISSIONER OF OATHS (Full names, capacity, address contact details of Commissioner of Oaths)					
CADC Electronic	Daymant Datalla (If	at wat continued on Com	naille financial avetaux		
	Payment Details (if no		ncil's financial system)		
Name of Beneficiary			Pharmacy Council		
Name of Bank		Standard Bank	c of South Africa		

SAPC Electronic Payment Details (If not yet captured on Council's financial system)															
Name of Beneficiary	Sou	South African Pharmacy Council													
Name of Bank	Star	Standard Bank of South Africa													
Account type	Che	Cheque account													
Branch Code	0	1	0	1	4	5									
Beneficiary Account number	0	1	1	8	8	5	8	6	6						
Beneficiary Reference	You	Your account number ** with SAPC and surname & initials.													

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
- 2. 3.
- South African Pharmacy Council has a policy of zero tolerance to fraud and corruption. All flaud and corruption cases detected on reported with be investigated and perpendicular properties. It your application for restoration is received within 60 days after your name has been removed from the registers of Council, all sub-roles e.g. Tutor, Responsible Pharmacist and/or Assessor, will also be restored;
 If your application for restoration is received after 60 days from the date of erasure, you will be expected to re-apply for registration and or approval for all your relevant sub-roles. 4.
- 5.