



The South African Pharmacy Council

Form is valid for
2025 only

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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

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 <input type="checkbox"/>
Postal address	<input type="text"/>		
		Postal code	<input type="text"/>
Physical address	<input type="text"/>		
		Street code	<input type="text"/>
Courier address	<input type="text"/>		
		Postal code	<input type="text"/>
Cell phone number	<input type="text"/>		
Work telephone number	<input type="text"/>		
Fax number	<input type="text"/>		
E-mail address	<input type="text"/>		

Please tick (✓) the appropriate block below, to indicate the number of months you have been off the register

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 accompanied by the documents stated in the blocks)	Restoration form	Restoration form	Restoration form	Restoration form
	A certified copy of your qualifications	A certified copy of your qualifications	A certified copy of your qualifications	A certified copy of your qualifications
	A certified copy of the ID document	A certified copy of the ID document	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
		Fee for assessment of 4 CPD entries. (R1228.00) R307.00 per entry	Fee for assessment of 6 CPD entries (R1842.00) R307.00 per entry	
				Pay the Pre-Registration examination fee (R2 629.00)
		Contract with a supervising pharmacist to perform 40 hours of practical training	Contract with a supervising pharmacist to perform 200 hours of practical training	Contract with a supervising pharmacist to perform 400 hours of practical training
		Provide a personal development plan showing the identified additional education, training, and experience to meet any gaps in knowledge and skill	Provide a personal development plan showing the identified additional education, training, and experience to meet any gaps in knowledge and skill	Provide a personal development plan showing the identified additional education, training, and experience to meet any gaps in knowledge and skill
		Submit a fitness to practice declaration	Submit a fitness to practice declaration	Submit a fitness to practice declaration

NB: For pharmacists who were practicing outside South Africa: A certificate of good standing (from the statutory body in that Country is required)

