



APPLICATION FOR VOLUNTARY REMOVAL OF NAME FROM THE REGISTERS OF COUNCIL 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					Office Use Only
SECTION A: APPLICANT'S PERSONAL PARTICULARS					
Council registration no:	<input type="text"/>	Council account no: (if available)	<input type="text"/>		
Surname/last name	<input style="width: 100%;" type="text"/>				
Title	<input type="text"/>	Initials (first names)	<input type="text"/>		
First names in full	<input style="width: 100%;" type="text"/>				
Identity number	<input style="width: 100%;" type="text"/>				
Registered postal address	<input style="width: 100%;" type="text"/>				
	<input style="width: 100%;" type="text"/>				
	<input style="width: 100%;" type="text"/>				
	<input style="width: 100%;" type="text"/>				
Cell number	<input style="width: 100%;" type="text"/>				
Email address	<input style="width: 100%;" type="text"/>				
Category of Registration: (Please tick applicable block)	<input type="checkbox"/> Student	<input type="checkbox"/> Intern	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Assistant	
SECTION B: DECLARATION BY APPLICANT					
I, the above applicant, hereby declare that:					
a) I desire to have my name removed from the registers of persons as provided for in terms of the Pharmacy Act 53 of 1974;					
b) no disciplinary or criminal proceedings are being or are likely to be taken against me; and					
c) the information furnished herewith is true and correct.					
Please provide reasons:					
• Financial	<input style="width: 80%;" type="text"/>				
• In-security	<input style="width: 80%;" type="text"/>				
• No future for the profession	<input style="width: 80%;" type="text"/>				
• Migration to another country	<input style="width: 80%;" type="text"/>				
• Education	<input style="width: 80%;" type="text"/>				
• Other (please expand)	<input style="width: 80%;" type="text"/>				
Applicant's Signature: _____ Application Date: <input type="text"/> / <input type="text"/> / <input type="text"/>					
SECTION C: DECLARATION BY COMMISSIONER OF OATHS/JUSTICE OF PEACE					
The abovementioned was SIGNED and SWORN TO before me at _____ (place)					STAMP (compulsory)
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/JUSTICE OF PEACE _____					
					(Full names, capacity, address and contact details of Commissioner of Oaths)