

APPLICATION FOR CHANGE OF DESIGNATION FROM NON-PRACTISING TO PRACTISING IN TERMS OF THE REGULATIONS RELATING TO CONTINUING PROFESSIONAL DEVELOPMENT (Voluntary)

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"/> / <input type="text"/> / <input type="text"/> | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | Race | <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White |
| 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 telephone number | <input type="text"/> | | |
| E-mail address | <input type="text"/> | | |

SECTION B: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

I, the above applicant, submit the following in support of my application:

Mark with a ✓

- (a) Proof of payment (**R382.00**)
- (b) A certified copy of the latest Identity Document
- (c) A certified copy of the qualification

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SECTION C: DECLARATION BY APPLICANT

I, the above applicant, declare that:

- (a) I herewith include all the applicable documentation/fees mentioned in Section B above;
- (b) I comply with the requirements for registration as a pharmacist;
- (c) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and
- (d) The information furnished herewith is true and correct.

Applicant's Signature: _____ **Application Date:** / /

SECTION D: DECLARATION BY COMMISSIONER OF OATHS

The abovementioned was SIGNED and SWORN TO before me at _____
(place)

on this ____ day of _____ in the year _____, the deponent (applicant) having
acknowledged that he/she knows and understands the contents of this declaration.

STAMP
(Compulsory)

(Full names, capacity, address and contact details of
Commissioner of Oaths)

SIGNATURE OF COMMISSIONER OF OATHS

Signature _____

Date _____

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

PLEASE NOTE:

1. 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.
2. **Cash, postal orders and cheques will not be accepted with any application form.**
3. **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.**

For Pharmacist only:

- (a) If your application for change of designation is received within 60 days after your name has been removed from the registers of practicing persons, all sub-roles e.g. Tutor, Responsible Pharmacist and Assessors, will also be restored;
- (b) If your application for change of designation 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*.

Signature _____

Date _____