

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: <u>customercare@sapc.za.org</u>

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APPLICATION FOR CHANGE OF DESIGNATION FROM NON-PRACTISING TO PRACTISING IN TERMS OF THE REGULATIONS RELATING TO CONTINUING PROFESSIONAL DEVELOPMENT FOLLOWING INVOLUNTARY CHANGE OF DESIGNATION TO NON-PRACTISING (e.g., non-compliance of CPD requirements)

Return to: The Registrar, South African Pharmacy Council, to the postal address above SECTION A: APPLICANT'S PERSONAL PARTICULARS Council registration number Council account number P Surname/last name Surname/last name Council account number P	
number	
Surname/last name	
Title Initials (first names)	
First names in full	
Identity number or Permit number	
Date of birth / / Gender Male Female Race Asian Black Coloure	d White
Postal address	
Postal code	
Physical address	
Street code	
Courier address	
Postal code	
Cell phone number	
Work telephone number	
Fax telephone number	
E-mail address	
SECTION B: SUPPORTING DOCUMENTATION AND APPLICABLE FEES	
I, the above applicant, submit the following in support of my application:	k with a 🗸
(a) Proof of payment (R2594.00)	
(b) A certified copy of the latest Identity Document	
(c) A certified copy of the qualification	
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	
STAMP	
The abovementioned was SIGNED and SWORN TO before me at (Compulsory)	
(place)	
on thisday ofin the year, the deponent (applicant) having	
acknowledged that he/she knows and understands the contents of this declaration.	
SIGNATURE OF COMMISSIONER OF OATHS (Full names, capacity, addre	ss and
Commissioner of Oaths)	



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Name of Beneficiary	So	South African Pharmacy Council														
Name of Bank	Sta	Standard Bank of South Africa														
Account type	Ch	Cheque account														
Branch Code	0		1	0	1	4	5									T
Beneficiary Account number	0		1	1	8	8	5	8	6	6						Τ
Beneficiary Reference	Yo	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. 1.
- 2. 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 prosecuted accordingly. 3.

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;
- 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 (b) and or approval for all your relevant sub-roles.