



South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 SAPC 00; Fax: 27 (12) 321 1479/92; E-mail: customercare@sapc.za.org

Form is valid for
2021 only

APPLICATION FOR CESSION OF CONTRACT OF TRAINEESHIP IN TERMS OF THE PHARMACY ACT OF 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: CURRENT TUTOR (HEREAFTER KNOWN AS "THE CEDENT") | | | | | |
| Current tutor - pharmacist registration no: <input type="text"/> | Pharmacist acc no: (if available) <input type="text"/> P <input type="text"/> | | | | |
| Current tutor - surname/last name <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | | | | |
| Title <input type="text"/> Initials (first names) <input type="text"/> | Tutor approved from: | | | | |
| First names in full <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | | | | |
| Cell number: <input type="text"/> | Tutor approved to: | | | | |
| Name of pharmacy/institution <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | | | | |
| Pharmacy registration no: Y <input type="text"/> | Documentation/fees received | | | | |
| Pharmacy tel no. <input type="text"/> | Cession documentation | | | | |
| Branch of pharmacy <table border="1" style="width:100%;"><tr><td style="width:25%; text-align: center;">Institutional (hospital)</td><td style="width:25%; text-align: center;">Community</td><td style="width:25%; text-align: center;">Manufacturing</td><td style="width:25%; text-align: center;">Academic</td></tr></table> | Institutional (hospital) | Community | Manufacturing | Academic | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Institutional (hospital) | Community | Manufacturing | Academic | | |
| Pharmacy registered postal address (refer note A) <input type="text"/> | Cession Fee | | | | |
| Postal code <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | | | | |
| SECTION B: PROSPECTIVE TUTOR (HEREAFTER KNOWN AS "THE CESSIONARY") | | | | | |
| Prospective tutor - pharmacist registration no: <input type="text"/> | Pharmacist acc no: (if available) <input type="text"/> P <input type="text"/> | | | | |
| Prospective tutor - surname/last name <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | | | | |
| Title <input type="text"/> Initials (first names) <input type="text"/> | Traineeship extended by: | | | | |
| First names in full <input type="text"/> | <input type="text"/> | | | | |
| Cell number <input type="text"/> | Reasons | | | | |
| Prospective tutor - registered postal address (refer note A) <input type="text"/> | <div style="border: 1px solid black; height: 100px; width: 100%;"></div> | | | | |
| Postal code <input type="text"/> | Cession approved: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Name of pharmacy/institution <input type="text"/> | Signature | | | | |
| Pharmacy registration no: Y <input type="text"/> | <input type="text"/> | | | | |
| Branch of pharmacy <table border="1" style="width:100%;"><tr><td style="width:25%; text-align: center;">Institutional (hospital)</td><td style="width:25%; text-align: center;">Community</td><td style="width:25%; text-align: center;">Manufacturing</td><td style="width:25%; text-align: center;">Academic</td></tr></table> | Institutional (hospital) | Community | Manufacturing | Academic | Date |
| Institutional (hospital) | Community | Manufacturing | Academic | | |
| Pharmacy registered postal address (refer note A) <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | | | | |
| Postal code <input type="text"/> | | | | | |
| Envisaged date of commencement <input type="text"/> | | | | | |
| SECTION C: APPLICANT (HEREAFTER KNOWN AS "THE TRAINEE") | | | | | |
| Trainee registration no: <input type="text"/> | Trainee acc no: (if available) <input type="text"/> 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"/> | | | | | |
| Cell number <input type="text"/> | | | | | |
| Note A: A change of address must be submitted to the registrar within 30 days of such change. | | | | | |

Continued .../2

Signature _____

Date _____



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CESSION OF CONTRACT OF TRAINEESHIP . . . (CONTINUED)

SECTION D: CONTRACT OF CESSION OF TRAINEESHIP ENTERED INTO BY AND BETWEEN THE ABOVE CEDENT, CESSIONARY AND THE TRAINEE

In terms of the original contract for traineeship, of the trainee concluded between the Cedent and the trainee dated the _____ day of _____ in the year _____, the Cedent supervised the traineeship of the Trainee; and WHEREAS the Cedent and the Cessionary have agreed that the Cedent will cede all his/her rights, obligations and interests, to the Cessionary in accordance with above-mentioned contract subject to amendments mentioned below; and WHEREAS the Cessionary takes cession of the Cedent's rights, obligations and interests in accordance to above-mentioned contract. The parties agree as follows:

1. **Cession:** The Cedent cedes all his/her rights, obligations and interests in accordance with the contract, of which a copy is enclosed herewith, to the Cessionary subject to amendments mentioned below.
2. **Acceptance:** The Cessionary accepts the cession mentioned in 1, subject to obligations applicable to the Cedent and in accordance with above-mentioned contract and subject to amendments mentioned below.
3. **Consent:** The trainee accepts and confirms the cession of the above-mentioned contract.
4. **Effective date:** Notwithstanding the date of countersigning of this cession, it be taken that the cession will become effective on the ____ day of _____ in the year _____, and will continue until the ____ day of _____ in the year _____.
5. **Amendments to Contract**
 - a) _____
 - b) _____
 - c) _____

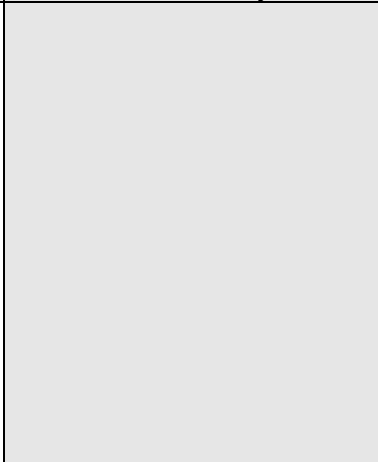
| | | | | | | | | | | | | |
|--|-----------|---|-----------|---|---|---|---|---|---|---|-------|--------------|
| Signed by the Cedent at _____ | on | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">D</td><td style="width: 20px; height: 20px; text-align: center;">D</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">M</td><td style="width: 20px; height: 20px; text-align: center;">M</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr> </table> | D | D | M | M | Y | Y | Y | Y | _____ | (Cedent) |
| D | D | | | | | | | | | | | |
| M | M | | | | | | | | | | | |
| Y | Y | | | | | | | | | | | |
| Y | Y | | | | | | | | | | | |
| Signed by the Cessionary at _____ | on | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">D</td><td style="width: 20px; height: 20px; text-align: center;">D</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">M</td><td style="width: 20px; height: 20px; text-align: center;">M</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr> </table> | D | D | M | M | Y | Y | Y | Y | _____ | (Cessionary) |
| D | D | | | | | | | | | | | |
| M | M | | | | | | | | | | | |
| Y | Y | | | | | | | | | | | |
| Y | Y | | | | | | | | | | | |
| Permission herewith granted by the trainee at _____ | on | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">D</td><td style="width: 20px; height: 20px; text-align: center;">D</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">M</td><td style="width: 20px; height: 20px; text-align: center;">M</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr> </table> | D | D | M | M | Y | Y | Y | Y | _____ | (Trainee) |
| D | D | | | | | | | | | | | |
| M | M | | | | | | | | | | | |
| Y | Y | | | | | | | | | | | |
| Y | Y | | | | | | | | | | | |
| Witnessed by: Name _____ | | | (Witness) | | | | | | | | | |
| Name _____ | | | (Witness) | | | | | | | | | |

| SECTION E: DECLARATION BY THE CEDENT (CURRENT TUTOR) | Office Use Only |
|--|-----------------|
|--|-----------------|

I, the above tutor (refer Section A), declare that:

- a) I have acted as the responsible tutor for the above trainee during a period of traineeship in terms of the Pharmacy Act, 1974, at the pharmacy specified in Section A;
- b) the period of practical training undergone under my supervision by the above trainee commenced on the ____ day of _____ in the year _____, and will terminate on the ____ day of _____ in the year _____;
- c) the above period of traineeship took place in accordance with the requirements, with which I am familiar, of the South African Pharmacy Council, by virtue of a contract approved by the Council; and
- d) the information furnished herewith is true and correct.

Cedent's (current tutor's) Signature: _____ **Date:** _____





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| SECTION F: SUPPORTING DOCUMENTATION AND APPLICABLE FEES | Office Use Only | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|---|
| <p>I, the above applicant (trainee), submit the following in support of my application:</p> <p>a) cession fee – trainee: R1, 400.00 (VAT incl.) (refer note B)</p> | <p>Note B: Fees are subject to change without further notification.</p> | | | | | | | | | |
| <p>SECTION G: DECLARATION BY APPLICANT (TRAINEE)</p> <p>I, the above applicant, declare that:</p> <p>a) I herewith include all the applicable documentation/fees mentioned in Section F above; and</p> <p>b) the information furnished herewith is true and correct.</p> <p>Applicant's Signature: _____ Application Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p> | | D | D | / | M | M | / | Y | Y | Y |
| D | D | / | M | M | / | Y | Y | Y | Y | |

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 prosecuted accordingly

Signature_____

Date_____