

South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007;
Tel: 0861 7272 00; Fax: 27 (12) 321 1479; E-mail: customercare@sapc.za.org; Website: www.sapc.za.org

Signature___

APPLICATION FOR ISSUING OF A DUPLICATE CERTIFICATE FOR A REGISTERED PERSON 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										arn	nacy	<i>/</i> Cc	<u>un</u>	CII, to	tne	pos	tai ad	lares	ss a	bov	e									
	JFE	-10	UN	AL	FAI	1110	JUL	LAN	<u> </u>			_		ou noil			_	1	_			1		<u> </u>						
Council registration number													C	ouncil : num		ount	Р													
Surname/last name																														
Title													Initi	als (fir	st na	ame	s													
First names in full																														
Identity number/Permit number																														
Date of birth			/		/	′				Gen race	ider :	and		Male	Fen	nale	Rad	ce A	siar	Blad	ck C	oloure	ed W	hite/						
Courier address																														
																	S	tree	t co	de										
Cell phone number																														
Work telephone number																														
Fax telephone number																														
E-mail address																														
Category of Registration:											Qua		-		sista		Assi		Qı	ıalifi	ied									
Studer Please tick applicable block)			ent	Intern Pharmacist Assistant Learner-Post Le								rner- Assistant Others sic Basic					s													
SECTION B: APPLICABLE FEES (TICK IN THE APPROPRIATE BLOCK(S)																														
Dhamaaiatla	Pharmacist's Intern Pharmacist Tutor Responsible Student																													
Pharmacist's Assistant	Inte R2,30					1acisi 06.00					Tuto .306					Responsible Pharmacist				R2.:	306.0	5tuc (V)		ncl.)						
R2,306.00 (VA		AT incl.) (VAT incl.)					(VAT incl.)						R2,306.00					1.2,000.00 (1711)												
(VAT incl.)															(VAT incl.)															
Qualified Assistant Post- Assessor				Owner					Moderator C					Qualified Assistant				nt	Duplicate certificate of											
Basic R2,306.00				R2,306.00					R2,306.00							Basic	,		courses completed for											
R2,306.00 (VAT incl.) (VAT incl.)				(VAT incl.)					(VAT incl.)					R2,306.00 (VAT incl.)					the Council's Diploma in Pharmacy R2,306.00											
(VAT IIICI.)									,	(VAT incl.)																				
SECTION C: SUPPORTING DOCUMENTS AND APPLICABLE FEES																														
I, the above applicant, submit the following in support of my application Mark with a ✓																														
•••			•		• •		•	• •				mno	ton	oo oor	tifica	nto f	rom a	n 20												
A higher certificate obtained, either degree, diploma, enrolment or competence certificate from an accredited Provider; Duplicate registration for as described in section B.																														
b) Duplicate registration fee as described in section B																														
SECTION D: DECLARATION			CAN	IT_																										
I, the above applicant, declare that:																														
a) I have not been foun	d guilty	y of a	ny (offer	ice i	unde	r th	e Ph	arm	nacy	у Ас	t, 19	974	, as an	nenc	ded;	and													
b) The information furnished herewith is true and correct.																														
Applicant's Signature:																														
Date:Date:																														
SECTION F: DECLARATION BY COMMISSIONER OF OATHS																														
The abovementioned was SIGNED and SWORN TO before me at										STAMP (Compulsory)																				
on thisday ofin the year, the deponent (applicant) having																														
acknowledged that he/she knows and understands the contents of this declaration.								(Fu	(Full names, capacity, address and contact details of																					
SIGNATURE OF COMMISS	IONE	R OF	0/	ATH	S														Co				SIGNATURE OF COMMISSIONER OF OATHS Commissioner of Oaths)							

Date_____



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Form is valid for **2021** only

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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	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.

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	