



South African Pharmacy Council

Form is valid for
2021 only

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

Page 1 of 2

REVISED QUALIFICATION: APPLICATION FOR REGISTRATION AS A PHARMACIST'S ASSISTANT LEARNER BASIC OR LEARNER POST-BASIC 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

Note A: You are requested to furnish gender and race particulars to enable Council to measure

SECTION A: APPLICANT'S PERSONAL PARTICULARS

Have you ever been registered with this Council in any capacity? No Yes If yes, what was your account number? P

Application for registration as: Pharmacist's Assistant (Learner Basic) P20 Pharmacist's Assistant (Learner Post-Basic) P22

Surname/last name

Title Initials (first names)

First names in full

Identity number - - -

Date of birth DD / MM / YYYY

Gender and race (refer note A) Male Female Race Asian Black Coloured White

Postal address
(Refer notes B and C) Postal code

Registered address
 Street code

Cell number

Courier address
 Street code

Fax number () -

E-mail address

SECTION B: TRAINING PARTICULARS OF APPROVED PHARMACY AND TUTOR

Name of pharmacy/institution approved for training (Refer note D)

Pharmacy registration no: Y

Sector of pharmacy Private Sector Public Sector

Branch of pharmacy Institutional (hospital) Community Manufacturing Wholesale

Tutor registration no: Tutor account no: (if available) P

Tutor surname/last name

Tutor title Tutor initials

Tutor's registered postal address
 Postal code

Tutor's Signature: _____ Application Date: DD / MM / YYYY

Applicant signature _____

Date _____



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SECTION B: CONTINUED

Provider with whom registered for a certificate of qualification in pharmacy e.g. HSA, S BUYS etc															
Provider - Pharmacy Council registration no. (if available)						Applicant - reg no. with provider									

Note F: A certified copy is a photocopy of the original document, which has been certified by a Commissioner of Oaths declaring that it is a true copy of the original document.

Note G: Should the name on the application form (Section A) differ from the documentary proof of identification (i.e. the name on the identity document/passport), the applicant must submit a certified copy of the relevant marriage certificate or documentary evidence and an affidavit regarding the change of name.

Note H: Fees are subject to change without further notification.

SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

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

Mark with a ✓

- a) a **certified** copy of my identity document or passport (**Refer notes F and G**)
- b) copy of **enrolment certificate** issued by the approved which will lead to a certificate of qualification in pharmacy
- c) **registration fee** – pharmacist’s assistant (learner basic) or pharmacist’s assistant (learner post-basic): **R2,096.00**(VAT incl.) - payable with application (**Refer note H**) (fee include registration on completion)
- d) **annual fee** – pharmacist’s assistant (learner basic) or pharmacist’s assistant (learner post-basic): **R239.00** (VAT incl.) - (**Refer notes H**)

SECTION D: DECLARATION BY APPLICANT

I, the above applicant, declare that:

- a) I herewith include all the applicable documentation/fees mentioned in Section C above;
- b) I comply with the requirements for registration as a pharmacist’s assistant (learner basic) or pharmacist’s assistant (learner post-basic);
- 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:

D	D	/	M	M	/	Y	Y	Y	Y
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SECTION E: 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.

SIGNATURE OF COMMISSIONER OF OATHS _____

STAMP (Compulsory)

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

SAPC Electronic Payment Details

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. For first-time registration only original applications will be accepted. Please do not fax or e-mail applications if registering for the first time as a learner basic pharmacist’s assistant
2. 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
3. Your registration date will be determined by the date of receipt of a completed application form, supporting documents and fees (please refer to item 1. above)
4. Cash, postal orders and cheques will not be accepted with any application form.
5. 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.

Applicant signature _____

Date _____