

The South African Pharmacy Council 591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc,za.org Tel: 0861 7272 00; Fax: 27 (12) 321 1479/92; E-mail: <u>customercare@sapc.za.org</u>

| Page 1 of 2 APPLICATION FO | R RE MOV | | | | | | | | | | | | | | | | | | | | | o v | OL | UN | TA |
|--|--|---|----------|-----------|----------|----------|---------------|----------|-------|---|--------|------------------|-------------------------------|--------|----------------|----------|--------|--|---------------|------|------|---------|----------|---------|-------|
| | turn to: | | Ple | ase | use | bla | ck in | k ar | nd c | omp | olete | in I | BLC | ск | CA | PIT | ALS. | | | | | | | | |
| SECTION A: APPLICAN | T'S PE | RS | | | PAR | RTIC | UL | ARS |) | nai | mac | ,y 0 | oui | icii, | 10 11 | | 10310 | lauui | 633 | abo | 10 | | | | |
| Council registration number | | | | | | | | | | | | | С | | cil a umb | | unt | Ρ | | | | | | | |
| Surname/last name | | | | | T | | | 1 | 1 | | | | | | | | | | | | | | | | |
| Title | Ē | Initials (first names | | | | | | | | | | | | | | | | | | | | | | | |
| First names in full | Ē | | | | | | | | | | | | | | | | | | | | · | | | | |
| Identity number or Permit nur | nber | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | | | / | | | / | | | | Gen | der a | and r | race | Ма | le | Fen | nale | Race | A | sian | Blac | k Co | oloure | d V | Vhite |
| Postal address | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | Po | ostal | code | Э | | | | |
| Physical address | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | | | | | | | <u> </u> | | | | | | | | | | | St | reet | code |) | | | | |
| Courier address | Ļ | | <u> </u> | | | <u> </u> | <u> </u> | <u> </u> | | | | | | | | | | <u> </u> | | | | | | | |
| o | | | | | <u> </u> | <u> </u> | <u> </u> | 1 | | | | | | | | | | | ostal | code | 9 | | | | |
| Cell phone number | | | | | | | <u> </u> | | | | | | | | | | | <u> </u> | | | | | | | |
| Work telephone number | | | _ | | | | | | | | | | | | | | | | | | | | | | |
| Fax telephone number | | | <u> </u> | | | <u> </u> | | | | | | | | | | <u> </u> | | | | | | | | | |
| E-mail address | | | | | | | | <u> </u> | | | | | <u> </u> | | | | | | <u> </u> | | | | | | |
| Category of Registration: | | Student Intern Pharmacist Assistant – Assistant: Learner Bas Basic & Post-Basic & Learner Post-Basic | | | | | | | | | | | | | | | | | | | | | | | |
| Please tick applicable block) | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION B: TRAINING F ASSISTANTS | | | | | | | | | | | | | | 101 | OR | (10 |) RF | CON | /PLE | :161 | ר ר | ΥP | HAR | MAC | JIS I |
| Name of pharmacy/institution | | | - 1 | | | | | | | T | | | | | | T | | | | | | | | | |
| approved for training | | | | | | | $\frac{1}{1}$ | | | | | <u> </u> | _ | | borr | | | | $\frac{1}{1}$ | | | | <u> </u> | 1 | |
| Sector of Pharmacy | | | rivate | | | | | | | re | | | Pharmacy registration no Y | | | | | | | | | | | | |
| Branch of pharmacy | | | Ins | stitutior | nal (h | ospita | l) | | | Co | ommu | nity | | | - | N | lanufa | cturing | | | | Wh | olesale | 9 | - |
| Name of pharmacy/institution approved for training | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tutor registration no | | | | | | | | | | | | | Tu | | acco availa | | | Ρ | | | | | | | |
| Tutor surname/last name | | | | | | | | | | | | | | | | | ., | | | | | | | | |
| Tutor Title | | | | | | | | | | Т | utor | ⁻ Ini | tials | (first | na | mes) | | | | | | | | | |
| Tutor Signature | | | | | | | | | | | | A | hppl | icati | on | Date | | / | | | / | | | | |
| Provider with whom registere | d for a c | certif | icate | e of | | | | | Τ | Т | | | | | | | | | | | | | | | |
| qualification in pharmacy e.g. | - | S BU | YS | etc | | | | <u> </u> | | | | | | | | | | | | | | | | | |
| Provider – Pharmacy Council registration no | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION C: APPLICABLE I | FEES | | | | | | | | | | | | | | | | | | | | | | | | |
| Student R 1 163.00 - (Section | Int | Intern Pharmacist Assistant – Learner Basic & Assistant – Basic & Post | | | | | | | | | | ost | | | | | | | | | | | | | |
| 23(1)(c) of Act 53 of 1974) R | - (Section R 2 293.00 - (Section 23(1)(c) of Act 53 of 1974) | | | | | | | | | Learner Post-Basic R 1 163.00 - (Section 23(1)(c) of Act 53 of | | | | | | | | Basic R 1 163.00 - (Section 23(1)(c) of Act | | | | | | | |
| | | | | , , | | , | | | , | | | _ | _ | | 1974) | | | | | | | 53 of 1 | | | |
| SECTION D: SUPPORTING | | | | | | | | | | | -5 | | | _ | | | | | | _ | | | Mar | le suit | ha√ |
| I, the above applicant, submit(a) Restoration fee as desc | | | • | | port | orm | iy ap | plica | atior | 1. | | | | | | | | | | | | | ivial | r wit | n a v |
| (a) Restoration fee as desci(b) Copy of a degree or cert | | | | | n of | a qu | alific | atio | n | | | | | | | | | | | | | | | | |
| (c) For Learner (Basics ar | | | | | | 1. | - | | | | | | | | | | | | | | | | | | |
| (i) copy of enrolment | | | | | - | e ap | prov | ed v | vhic | h wi | ll lea | id to | a | certif | icate | e of | quali | icatior | n in r | harr | nac | v | | | |
| (ii) <u>Approval certifica</u> | | | | - | | | | - | | - | | | | | | | | | - | | | • | | | |
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APPLICATION FOR RESTORATION DUE TO VOLUNTARY REMOVAL OF A NAME TO THE REGISTERS IN TERMS OF THE PHARMACY ACT 53 OF 1974 (Continued)

| TERMS OF THE FHARMACT ACT 55 OF 1974 (C | Sintinueu) |
|--|--|
| SECTION E: DECLARATION BY APPLICANT | |
| I, the above applicant, declare that: | |
| a) I herewith include all the applicable documentation/fees mentioned in Section D above; | |
| b) I comply with the requirements for registration as a pharmacist's assistant (learner basic) or p | harmacist'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: DD/ MM/ YYY | Y |
| SECTION F: DECLARATION BY COMMISSIONER OF OATHS | |
| The abovementioned was SIGNED and SWORN TO before me at (place) | STAMP (Compulsory) |
| 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, address and contact details of Commissioner of Oaths) |
| SADC Electronic Doverget Dataile (If not vet continued on Councilia financial oveter) | |
| SAPC Electronic Payment Details (If not yet captured on Council's financial system) | |

| SAPC Electronic Payment Details (if not yet captured on Council's financial system) | | | | | | | | | | | | | | | | |
|---|-----|--|---|---|---|---|---|---|---|--|--|--|--|--|--|--|
| Name of Beneficiary | Sou | South African Pharmacy Council | | | | | | | | | | | | | | |
| ame of Bank Standard Bank of South Africa | | | | | | | | | | | | | | | | |
| Account type | Che | Cheque account | | | | | | | | | | | | | | |
| Branch Code | 0 | 1 | 0 | 1 | 4 | 5 | | | | | | | | | | |
| Beneficiary Account number | 0 | 1 | 1 | 8 | 8 | 5 | 8 | 6 | 6 | | | | | | | |
| Beneficiary Reference | You | 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 1
- 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 2. 3. perpetrators will be prosecuted accordingly.
- For Pharmacist only: 1.
 - a. If your application for restoration is received within 60 days after your name has been removed from the registers of Council, all sub-roles e.g. Tutor, Responsible Pharmacist and Assessors, will also be restored;
 - b. If your application for restoration 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.