



The South African Pharmacy Council

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Form is valid for
2021 only

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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)

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 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:

| | | | |
|----|----|----|----|
| DD | MM | YY | YY |
|----|----|----|----|

SECTION F: 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.

STAMP
(Compulsory)

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

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:

1. 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.
 2. Cash, postal orders and cheques will not be accepted with any application form.
 3. 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.
1. For Pharmacist only:
 - 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.

Signature _____

Date _____