



# 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](mailto:customercare@sapc.za.org); Website: [www.sapc.za.org](http://www.sapc.za.org)

Form is valid for  
**2021** only

## APPLICATION FOR REGISTRATION OF SUPPLEMENTARY TRAINING 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		Office Use Only
<b>SECTION A: APPLICANT'S PERSONAL PARTICULARS</b>		
Pharmacy Council registration no:	<input type="text"/>	Pharmacy Council acc no: (if available) <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"/>	
Identity number	<input type="text"/>	
<b>Courier address</b> (refer note A)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Cell number	<input type="text"/>	
<b>Supplementary training to be registered:</b>	<input type="text"/>	
Conferred by which university/institution/provider	<input type="text"/>	
<b>SECTION B: SUPPORTING DOCUMENTATION AND APPLICABLE FEES</b>		
I, the above applicant, submit the following in support of my application:		Mark with a <input checked="" type="checkbox"/>
a) a <b>certified</b> copy of my identity document or passport (refer notes B and C)	<input type="checkbox"/>	
b) documentary evidence that the applicant has undergone the above supplementary training (e.g. certificate)	<input type="checkbox"/>	
c) registration fee – supplementary training: <b>R2,502.00</b> (VAT incl.) (refer note D)	<input type="checkbox"/>	
<b>SECTION C: DECLARATION BY APPLICANT</b>		
I, the above applicant, declare that:		
a) I herewith include all the documentation/fees mentioned in Section B above;		
b) I am the person to who underwent the above supplementary training;		
c) I comply with the requirements for registration of supplementary training; and		
d) the information furnished herewith is true and correct.		
Applicant's Signature: _____	Application Date: <input type="text"/>	

**Note A:** A change of address must be submitted to the registrar within 30 days of such change.

**Note B:** 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 C:** Should the name on the application form (Section A) or evidence of supplementary training 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 D:** Fees are subject to change without further notification.

**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

ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR