

APPLICATION FOR RESTORATION OF A NAME TO THE REGISTER DUE TO INVOLUNTARY REMOVAL (e.g. NON - PAYMENT OF ANNUAL FEES) 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'S PERSONAL PARTICULARS

Council registration number	<input type="text"/>	Council account number	P	<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 or Permit number	<input type="text"/>			
Date of birth	<input type="text"/>	/	<input type="text"/>	/
	<input type="text"/>		<input type="text"/>	<input type="text"/>
Postal address	<input type="text"/>			
	<input type="text"/>			
	Postal code			
Physical address	<input type="text"/>			
	<input type="text"/>			
	Street code			
Courier address	<input type="text"/>			
	<input type="text"/>			
	Postal code			
Cell phone number	<input type="text"/>			
Work telephone number	<input type="text"/>			
Fax number	<input type="text"/>			
E-mail address	<input type="text"/>			

Please tick (✓) the appropriate block below, to indicate the number of months you have been off the register

	13 Months or less	13 to 36 Months	37 to 60 Months	60 Months or more
Category of registration:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting documents: (Each application form should be accompanied by the documents stated in the blocks)	Restoration form	Restoration form	Restoration form	Restoration form
	A certified copy of your qualifications	A certified copy of your qualifications	A certified copy of your qualifications	A certified copy of your qualifications
	A certified copy of the ID document	A certified copy of the ID document	A certified copy of the ID document	A certified copy of the ID document
	proof of payment	proof of payment	proof of payment	proof of payment
		Police Clearance Certificate	Police Clearance Certificate	Police Clearance Certificate
		Comprehensive Curriculum Vitae	Comprehensive Curriculum Vitae	Comprehensive Curriculum Vitae
			Fee for assessment of 4 CPD entries. (R1052.00) R263.00 per entry	Fee for assessment of 6 CPD entries (R1578.00) R263.00 per entry
				Pay the Restoration examination fee (R2 252.00)
		Contract with a supervising pharmacist to perform 40 hours of practical training	Contract with a supervising pharmacist to perform 200 hours of practical training	Contract with a supervising pharmacist to perform 200 hours of practical training
		Provide a personal development plan showing the identified additional education, training, and experience to meet any gaps in knowledge and skill	Provide a personal development plan showing the identified additional education, training, and experience to meet any gaps in knowledge and skill	Provide a personal development plan showing the identified additional education, training, and experience to meet any gaps in knowledge and skill
		Submit a fitness to practice declaration	Submit a fitness to practice declaration	Submit a fitness to practice declaration

NB: For pharmacists who were practicing outside South Africa: A certificate of good standing (from the statutory body in that Country is required)

SECTION B: APPLICABLE FEES

Pharmacist Retired (aged 70 or older) R926.00 <i>NB: CPD/Examination fee will apply depending on the number of months off the register</i>	Pharmacist who has been off the register for less than 13 months - R5,942.00 - (Section 23(1)(d) of Act, 53 of 1974)	Pharmacist who has been off the register for 13 to 36 Months - R5,942.00 - (Section 23(1)(d) of Act, 53 of 1974)	Pharmacist who has been off the register for 37 to 60 Months - R6994.00 - (Section 23(1)(d) of Act, 53 of 1974)	Pharmacist who has been off the register for more than 60 months - R9772.00 (Section 23(1)(d) of Act, 53 of 1974)
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SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

I, the above applicant, submit the following in support of my application: Mark with a ✓

(a) Restoration fees as described in section B

(b) All the required documents as described in section A

APPLICATION FOR RESTORATION OF A NAME TO THE REGISTER DUE TO INVOLUNTARY REMOVAL IN TERMS OF THE PHARMACY ACT, 53 OF 1974 (Continued)

SECTION D: DECLARATION BY APPLICANT

- I, the above applicant, declare that:
- I herewith include all the applicable documentation/fees mentioned in section D above;
 - I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and
 - The information furnished herewith is true and correct.

Applicant's signature: _____ Application date:

DD	/	MM	/	YY	YY
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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 (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.
- 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/or Assessor, will also be restored;
- 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.