



# South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007;  
Tel: 0861 7272 00; E-mail: [customer@sapc.za.org](mailto:customer@sapc.za.org); Website: [www.sapc.za.org](http://www.sapc.za.org)

Form is valid for  
**2025** only

## APPLICATION FOR A PHARMACIST INTERN TO PRACTICE AS A PHARMACIST'S ASSISTANT PHARMACY TECHNICIAN WHILST AWAITING PHARMACEUTICAL COMMUNITY SERVICE COMMENCEMENT OR PLACEMENT, 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		PLEASE NOTE:
<b>SECTION A: APPLICANT'S PERSONAL PARTICULARS</b>		<p><b>Note A:</b> You are requested to furnish gender and race to enable Council to measure transformation in the profession.</p> <p><b>Note B:</b> The postal address furnished herewith shall be deemed to be the applicant's <b>registered</b> address. All correspondence and certificates will be posted to this address.</p> <p><b>Note C:</b> A change of address must be submitted to the registrar within 30 days of such change.</p> <p><b>Note D:</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.</p> <p><b>Note E:</b> 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 <b>certified copy of the relevant marriage certificate</b> or documentary evidence and an affidavit regarding the change of name.</p> <p><b>Note F:</b> This approval is subject to the following: (1) the intern must have successfully completed all pre-registration requirements and (2) the intern has been released from internship. (3) the intern's previous employer has terminated their internship contract. (4) The intern has provided documentary proof that they have applied for community service with the National Department of Health and are awaiting placement or commencement of community service within the next 6 months at the institution where they have been placed.</p> <p><b>Note G:</b> Fees are subject to change without further notification.</p>
P 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	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	
Date of birth	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY	
Gender and race (refer note A)	<input type="checkbox"/> Male <input type="checkbox"/> Female Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White	
Postal address (refer notes B and C)	<input type="text"/> <input type="text"/> <input type="text"/> Postal code <input type="text"/>	
Physical address (refer note C)	<input type="text"/> <input type="text"/> <input type="text"/> Street code <input type="text"/>	
Cell number	<input type="text"/>	
Courier address	<input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/>	
Work telephone number (If applicable)	( <input type="text"/> ) <input type="text"/> - <input type="text"/>	
Fax number (If applicable)	( <input type="text"/> ) <input type="text"/> - <input type="text"/>	
E-mail address	<input type="text"/>	
<b>SECTION B: REASON FOR REGISTRATION</b>		
To practice as a pharmacist assistant, pharmacy technician, awaiting pharmaceutical services commencement/ placement		
<b>SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES</b>		
I, the above applicant, submit the following in support of my application:	Mark with a ✓	
a) a <b>certified</b> copy of my identity document or passport (refer notes D and E)	<input type="checkbox"/>	
b) documentary evidence that the applicant has applied for community service placement or awaiting commencement (refer note F) or	<input type="checkbox"/>	
c) documentary evidence that the applicant's intern received an offer to commence community service later but within 6 months.	<input type="checkbox"/>	
d) Annual fee: <b>R711.00</b> (VAT incl.) payable with application (refer note G)	<input type="checkbox"/>	
<b>SECTION D: DECLARATION BY APPLICANT</b>		



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I, the above applicant, declare that:

- (a) I herewith include all the applicable documentation/fees mentioned in Section C above;
- (b) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended;
- (c) I have never in any country been convicted of any serious offence against the law or been debarred from practice by reason of misconduct and that to the best of my knowledge and belief no proceedings involving or likely to involve a charge of any such nature are pending against me in any country; and
- (d) the information furnished herewith is true and correct.

**Applicant's Signature:** \_\_\_\_\_

**Application Date:**

DD	/	MM	/	YYYY
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### SECTION E: DECLARATION BY COMMISSIONER OF OATHS

The abovementioned declarations were SIGNED and SWORN TO before me at

\_\_\_\_\_ (place)

on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, the deponents (applicant)

having acknowledged that they know and understand 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	<b>Your account number ** with SAPC and surname &amp; initials.</b>												

#### 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
- 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)
- 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.