



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; Website: www.sapc.za.org

Form is valid for
2025 only

PRE-REGISTRATION EXAMINATION APPLICATION

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council		Office Use Only										
SECTION A: APPLICANT'S PERSONAL PARTICULARS												
P-number	<input style="width: 100%;" type="text"/>	Account number (P-number) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 5%;">P</td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr></table>	P									
P												
Surname / last name	<input style="width: 100%;" type="text"/>	Registration number <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr></table>										
Title	<input style="width: 100%;" type="text"/>	Documents/fees received										
Initials (first names)	<input style="width: 100%;" type="text"/>	Application form <input style="width: 100%;" type="text"/>										
Full names in full	<input style="width: 100%;" type="text"/>	Fee from 3 rd attempt <input style="width: 100%;" type="text"/>										
Identity number	<input style="width: 100%;" type="text"/>	Fee for special exam <input style="width: 100%;" type="text"/>										
Postal address	<input style="width: 100%;" type="text"/>	Late booking fee <input style="width: 100%;" type="text"/>										
	<input style="width: 100%;" type="text"/>	Exam attempts <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 5%;"></td><td style="width: 5%;">1st</td><td style="width: 5%;">2nd</td><td style="width: 5%;">3rd</td></tr></table>		1 st	2 nd	3 rd						
	1 st	2 nd	3 rd									
	Postal code <input style="width: 100%;" type="text"/>	Application approved <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 5%;"></td><td style="width: 5%;">Yes</td><td style="width: 5%;">No</td></tr></table>		Yes	No							
	Yes	No										
Courier address	<input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 50px;" type="text"/>										
	Street code <input style="width: 100%;" type="text"/>											
Cell phone number	<input style="width: 100%;" type="text"/>	Signature <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 5%;">DD</td><td style="width: 5%;">/</td><td style="width: 5%;">MM</td><td style="width: 5%;">/</td><td style="width: 5%;">YY</td><td style="width: 5%;">YY</td></tr></table>	DD	/	MM	/	YY	YY				
DD	/	MM	/	YY	YY							
Work telephone number	(<input style="width: 100%;" type="text"/>) <input style="width: 100%;" type="text"/> - <input style="width: 100%;" type="text"/>											
Fax number	(<input style="width: 100%;" type="text"/>) <input style="width: 100%;" type="text"/> - <input style="width: 100%;" type="text"/>											
Email address	<input style="width: 100%;" type="text"/>											
SECTION B: PREFERRED DATE TO WRITE THE EXAMINATION												
04/05 March 2025	<input style="width: 100%;" type="text"/>	05/06 August 2025 <input style="width: 100%;" type="text"/>										
21/22 October 2025	<input style="width: 100%;" type="text"/>											
SECTION C: PREFERRED VENUE TO WRITE THE EXAMINATION (Venue for special examination is in Pretoria only)												
Remote: Residence	<input type="checkbox"/>											
Remote: Work	<input type="checkbox"/>											
Remote: Other	<input type="checkbox"/>											

Applicant Signature: _____

Application Date: _____



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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:

- For those who wish to sit for the examination at a particular date, the form must be returned to Council respectively. **There is no fee for the first and second attempt at the examination for candidates. An entrance fee of R2 703.00 (VAT incl.) is payable for the third and subsequent attempts at the examination.**
- A late booking fee of R1 335,00 (VAT incl.) will be charged for bookings submitted less than four weeks and up to 14 days before the examination date.
- Interns will only be allowed to sit for the examination after completion of a minimum of six months of their internship. Refer to the Intern and Tutor Manual for other requirements.
- The postal address furnished herewith shall be deemed to be the applicant's **registered** address. A change of address must be submitted to the registrar within 30 days of such change.
- 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.

Applicant Signature: _____

Application Date: _____