



## APPLICATION FOR REGISTRATION AS A PHARMACY STUDENT 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>										
Surname/last name	<input style="width: 90%;" type="text"/>	Account number <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">P <span style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></span></div>								
Title	<div style="display: flex; align-items: center;"><div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 10px;"></div>Initials (first names) <div style="border: 1px solid black; width: 60px; height: 20px; margin-left: 10px;"></div></div>	Registration number <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">S <span style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></span></div>								
First names in full	<div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Change of title if applicable <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center;"> </div>								
Identity number	<div style="display: flex; align-items: center; gap: 5px;"><div style="border: 1px solid black; width: 60px; height: 20px;"></div>-<div style="border: 1px solid black; width: 60px; height: 20px;"></div>-<div style="border: 1px solid black; width: 30px; height: 20px;"></div>-<div style="border: 1px solid black; width: 30px; height: 20px;"></div></div>	Change of name <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;"> </div>								
Date of birth	<div style="display: flex; align-items: center; gap: 5px;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 10px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 10px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 10px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 10px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	Change of name (& title if applicable) <div style="display: flex; align-items: center; gap: 5px;"><div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">Initials</div><div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">Date</div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>								
Gender and race	<div style="display: flex; align-items: center; gap: 10px;"><div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">Male</div><div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">Female</div><div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">Race</div><div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">Asian</div><div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">Black</div><div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">Coloured</div><div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">White</div></div>	Data checked against ID <div style="display: flex; align-items: center; gap: 5px;"><div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">Initials</div><div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">Date</div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>								
Postal address	<div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; align-items: center;"><div style="border: 1px solid black; width: 400px; height: 25px;"></div><div style="border: 1px solid black; width: 60px; height: 25px; text-align: center;">Code</div><div style="border: 1px solid black; width: 40px; height: 25px;"></div></div>	Data checked against Class List <div style="display: flex; align-items: center; gap: 5px;"><div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">Initials</div><div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">Date</div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>								
Physical address	<div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; align-items: center;"><div style="border: 1px solid black; width: 400px; height: 25px;"></div><div style="border: 1px solid black; width: 60px; height: 25px; text-align: center;">Code</div><div style="border: 1px solid black; width: 40px; height: 25px;"></div></div>	Details captured <div style="display: flex; align-items: center; gap: 5px;"><div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">Initials</div><div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">Date</div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>								
Courier address	<div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; align-items: center;"><div style="border: 1px solid black; width: 400px; height: 25px;"></div><div style="border: 1px solid black; width: 60px; height: 25px; text-align: center;">Code</div><div style="border: 1px solid black; width: 40px; height: 25px;"></div></div>	Certificate issued <div style="display: flex; align-items: center; gap: 5px;"><div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">Initials</div><div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">Date</div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>								
Cell number	<div style="border: 1px solid black; width: 150px; height: 25px;"></div>	Date of registration <div style="display: flex; align-items: center; gap: 5px;"><div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">Initials</div><div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">Date</div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>								
Work telephone number	<div style="display: flex; align-items: center; gap: 5px;"><div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">(    )</div><div style="border: 1px solid black; width: 60px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</div><div style="border: 1px solid black; width: 60px; height: 20px;"></div></div>	Registration approved <div style="display: flex; align-items: center; gap: 5px;"><div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">Managers Initials</div><div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">Date</div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>								
Fax number	<div style="display: flex; align-items: center; gap: 5px;"><div style="border: 1px solid black; width: 60px; height: 20px; text-align: center;">(    )</div><div style="border: 1px solid black; width: 60px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</div><div style="border: 1px solid black; width: 60px; height: 20px;"></div></div>	Attach Photograph here								
E-mail address	<div style="border: 1px solid black; width: 100%; height: 25px;"></div>									
Provider of qualification (university)	<div style="border: 1px solid black; width: 100%; height: 25px;"></div>									
University student number:	<div style="border: 1px solid black; width: 100%; height: 25px;"></div>									
Current year of study	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">1st</td> <td style="width: 25%;">2nd</td> <td style="width: 25%;">3rd</td> <td style="width: 25%;">4th</td> </tr> <tr> <td>P25</td> <td>P25</td> <td>P25</td> <td>P25</td> </tr> </table>	1st	2nd	3rd	4th	P25	P25	P25	P25	
1st	2nd	3rd	4th							
P25	P25	P25	P25							
<b>SECTION B: 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 ( <b>refer notes D and E</b> );		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>								
b) a recent colour photograph of myself (passport size) – attached alongside;		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>								

Signature \_\_\_\_\_

Date \_\_\_\_\_

## South African Pharmacy Council