



South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 SAPC 00; E-mail: customer@sapc.za.org

Form is valid for
2025 only

CHANGE OF FACILITY FOR PERFORMANCE OF COMMUNITY PHARMACEUTICAL SERVICE IN TERMS OF THE PHARMACY ACT 53 OF 1974

<p>Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council, to the postal address above</p>		<p>For office use only</p> <p>Note A: You are requested to furnish gender and race particulars to enable Council to measure transformation in the profession.</p> <p>Note B: The postal address furnished herewith shall be deemed to be the applicant's registered address <u>all correspondence and certificates will be posted to this address</u></p> <p>Note C: A change of address must be submitted to the registrar within 30 days of such change.</p>							
SECTION A: APPLICANT'S PERSONAL PARTICULARS									
Council registration number	<input type="text"/>		Council account number P <input type="text"/>						
Role type:	Community Service Pharmacist								
Surname/last name	<input style="width: 100%;" type="text"/>								
Title	<input type="text"/>	Initials (first names) <input type="text"/>							
First names in full	<input style="width: 100%;" type="text"/>								
Identity number or Permit number	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>								
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
Gender and race (refer note A)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">Male</td> <td style="width: 15%; text-align: center;">Female</td> <td style="width: 15%; text-align: center;">Race</td> <td style="width: 15%; text-align: center;">Asian</td> <td style="width: 15%; text-align: center;">Black</td> <td style="width: 15%; text-align: center;">Coloured</td> <td style="width: 15%; text-align: center;">White</td> </tr> </table>		Male	Female	Race	Asian	Black	Coloured	White
Male	Female	Race	Asian	Black	Coloured	White			
Postal address (Refer notes B and C)	<input style="width: 100%;" type="text"/>								
	<input style="width: 100%;" type="text"/>								
	Postal code	<input type="text"/>							
Courier address (Refer notes B and C)	<input style="width: 100%;" type="text"/>								
	<input style="width: 100%;" type="text"/>								
	Postal code	<input type="text"/>							
Cell number	<input style="width: 100%;" type="text"/>								
Fax number	<input style="width: 100%;" type="text"/>								
E-mail address	<input style="width: 100%;" type="text"/>								
SECTION B: PARTICULARS OF THE PREVIOUS PHARMACY									
Name of pharmacy/institution approved for training	<input style="width: 100%;" type="text"/>								
Pharmacy registration no:	<input type="text"/> Y	<input type="text"/>							
Sector of pharmacy	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Private Sector</td> <td style="width: 50%; text-align: center;">Public Sector</td> </tr> </table>		Private Sector	Public Sector					
Private Sector	Public Sector								
Branch of pharmacy	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Institutional (hospital)</td> <td style="width: 50%; text-align: center;">Community</td> </tr> </table>		Institutional (hospital)	Community					
Institutional (hospital)	Community								
End date with pharmacy	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
SECTION C: PARTICULARS OF THE NEW PHARMACY									
Name of pharmacy/institution approved for training	<input style="width: 100%;" type="text"/>								
Pharmacy registration no:	<input type="text"/> Y	<input type="text"/>							
Physical address	<input style="width: 100%;" type="text"/>								
	<input style="width: 100%;" type="text"/>								
	Postal code	<input type="text"/>							
Sector of pharmacy	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Private Sector</td> <td style="width: 50%; text-align: center;">Public Sector</td> </tr> <tr> <td style="width: 50%; text-align: center;">Institutional (hospital)</td> <td style="width: 50%; text-align: center;">Community</td> </tr> </table>		Private Sector	Public Sector	Institutional (hospital)	Community			
Private Sector	Public Sector								
Institutional (hospital)	Community								
Start date with the new pharmacy	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								

Signature _____

Date _____



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SECTION D: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

I, the above applicant, submit the following in support of my application:

Mark with a ✓

a) New employment contract

b) **Fee for change of facility** – community pharmacist: **R1 193.00** (VAT incl.)

SECTION E: DECLARATION BY APPLICANT

I, the above applicant, declare that:

- a) I herewith include all the applicable documentation/fees mentioned in Section D above;
- b) I comply with the requirements for registration as a community service pharmacist;
- c) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and
- d) The information furnished herewith is true and correct.

Applicant's Signature: _____

Application Date: _____

DD	/	MM	/	YY	YY
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SECTION F: 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
acknowledge 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:

1. 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
2. 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)
3. Cash, postal orders and cheques will not be accepted with any application form.
4. 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

Signature _____

Date _____