



South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007;
Tel: 0861 7272 00; E-mail: customercare@sapc.za.org; Website: www.sapc.za.org

Form is valid for
2025 only

APPLICATION FOR THE CHANGE OF NAME OF TRADING TITLE 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

SECTION A: PARTICULARS OF THE PHARMACY AS RECORDED WITH COUNCIL

Pharmacy owner	Company	Close Corporation	Partnership	Sole Proprietor	Trust	State	
Recorded category of pharmacy	Community	Institutional (private)	Wholesale	Manufacturing	Consultant	Institutional Public	
Full name(s) of owner (company, close corporation, person etc.)							
Recorded pharmacy name							
Trading title of the pharmacy as recorded with Council							
	Pharmacy account number	Y					
Pharmacy postal address							Postal code
Pharmacy physical address (as recorded with Council)							Street code
Pharmacy telephone number							
Pharmacy fax number							
Pharmacy e-mail address							

SECTION B: PARTICULARS OF THE RESPONSIBLE PHARMACIST (RP) FOR THE ABOVE PHARMACY

RP Registration No.		RP Account No (if available)	P							
Surname/Last Name										
Title	Initials (First Names)									
First Names In Full										
Cell number										
E-mail address										
Identity Number OR Passport numbers										
Courier Address				Street code						
Date of appointment as RP as it appears on the certificate Issued by the SAPC	D	D	/	M	M	/	Y	Y	Y	Y

SECTION C: DETAILS OF NEW TRADING TITLE

Proposed new trading title	
Alternative new trading title	

SECTION D: SUPPORTING DOCUMENTS AND APPLICABLE FEES

I, the above applicant, submit the following in support of this application:	Mark with a ✓
(a) a legal document containing a list of shareholders, members, trustees etc, or a document signed by shareholders appointing you as the liaising person;	<input type="checkbox"/>
(b) change of trading title fee R 2, 563.00 (VAT incl).	<input type="checkbox"/>

SECTION E: DECLARATION BY THE RESPONSIBLE PHARMACIST

I, declare that: -

(a) I herewith include the applicable documentation/fee(s);

(b) the above pharmacy will be conducted under the direct personal supervision of a responsible pharmacist;

(c) the above pharmacy will be conducted in accordance with good pharmacy practice guidelines as published by Council;

(d) the information furnished herewith is true and correct.

Owner or Responsible Pharmacist's Signature:		Date:	D	D	/	M	M	/	Y	Y	Y	Y
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Applicant's signature _____ Date _____



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Please note that when approving trading titles, the following criteria is applied by the South African Pharmacy Council in terms of its statutory objectives to control the practice of the pharmacy profession:

- No trading title may be used which is calculated to suggest that the professional skills or ability or facilities for the rendering and supply of pharmaceutical services are superior or better than those of other pharmacies.
- Trading titles which include the words, Super, Superior, etc. or words with the same or a similar meaning or connotation will not be approved.
- The duplication of pharmacy titles if such pharmacies do not have the same owner will not be approved, where such titles refer to pharmacies situated in the same geographical area, e.g. town or city.
- In situations where similar names are requested but the pharmacy is situated in another town or city the applicant concerned must obtain the permission of the owner of the pharmacy with a similar title to enable him/her to use such similar title. This provision is included in order to avoid confusion, which is currently occurring with regard to e.g. wholesalers and medical schemes relating to the location of pharmacies.

ADOPTING AND USING A TRADING TITLE FOR A PHARMACY WITHOUT THE PRIOR WRITTEN APPROVAL OF COUNCIL IS DEEMED TO BE UNETHICAL OR UNPROFESSIONAL CONDUCT

- *Fees subject to change without further notification.*

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 shall be rendered void 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.

Applicant's signature _____

Date _____