

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

Form is valid for **2025** only

APPLICATION FOR THE APPROVAL OF CHANGE OF NAME OF THE OWNER

SECTION A: PARTICULARS O		CY AS RECORDED		rtegistiai, Soutii	Airicair	i Haiillacy C	Journal
Pharmacy Owner	Company	Close Corporation		Sole Propriet	tor	Trust	State Other
Recorded category of pharmacy	Community	Institutional (private)	Institutional (public)	Wholesale		ufacturing	Consultant
Full name(s) of owner (company, close corporation, partnership, etc.)			(Family)		l		
Recorded pharmacy name			Pharmacy acc	ount number	Y	, l	
Owners physical address					Stre	et code	
Owners postal or courier address					Stre	et code	
Telephone numbers							
Pharmacy fax number							
Pharmacy e-mail address							
Previous name							
New name							
SECTION B: PARTICULARS O	F THE RESPONS	SIBLE PHARMACIST			CY		
RP Registration Number				nt number (if ilable)	Р		
Surname/Last Name			•		•		
Title				Initials (First N	lames)		
First Names in Full							
Cell number							
E-mail address							
Identity number OR Passport number SECTION C: PARTICULARS O	F THE APPLICA	NT (to be completed	d only if the applic	ant is not the RF	P)		
Surname/Last Name		•			•		
Title				Initials (First N	lames)		
First Names in Full							
Cell number							
E-mail address							
Identity number OR Passport number							
SECTION D: SUPPORTING DO	OCUMENTS AND	APPLICABLE FEE	S				1
I, the above applicant, submit the	e following in supp	oort 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; 							
(b) Proof that close corporation (CC) or company (Pty) Ltd details have not changed, in respect of, shareholders, members, trustees							
(c) Company name change as a	· · · · · · · · · · · · · · · · · · ·						
(d) Old and new company docu	ments as approve	ed by the Companies	and Intellectual Pro	perty Commissio	n		
(e) Letter of authority(f) Change of name of owner fe	ee – R 2.493.00 (\	/AT incl)					
SECTION E: DECLARATION BY THE APPLICANT / RESPONSIBLE PHARMACIST							
I, declare that: - (a) I herewith include the applic (b) the company details have no (c) the above pharmacy will be of (d) the above pharmacy will be of (e) the information furnished here	ot changed i.e. me conducted under to conducted in acco	embers/shareholders the direct personal su ordance with good ph	pervision of a respo	onsible pharmacis		Council;	
Owner or Responsible Pharma Signature	cist's			Date: D	D /	M M /	YYYY



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PROCESS FOR APPROVAL OF CHANGE OF NAME OF THE OWNER

- 1. Applicant must then complete the attached form and attach all supporting documents
- 2. Upon evaluation of the application form and satisfactory assessment, SAPC will issue a GPP for change of address.
- 3. Applicant must complete the form named: "Application for reprint of pharmacy licence after change in name of the owner" and send the application form together with all supporting documents as per application form to the NDOH.
- NDOH will issue an amended licence.
- 5. Applicant must then complete form named: "Application for the recording of the pharmacy after change of name of owner, and attach all supporting documents

PLEASE NOTE:

- Application will only be processed if the annual fees for the pharmacy are up to date;
- 2. 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.
- 3. Payments made at Council offices by credit card/debit card, direct bank deposits, EFT from a Standard Bank account, the approval letter can be issued the same day.
- 4. Payments made by EFT from other banks, other than Standard Bank, the approval letter will be issued within three working days after verification of payment.
- 5. Cash, Postal orders and cheques will not be accepted with any application form.
- 6. 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.
- 7. All documentation must be submitted to the Registrar within 30 days from the date of issue of an amended licence.

Please note that an authorization letter and the particulars of the person making an application on behalf of the owner will be required in case where the owner is not making an application himself/herself

Applicant's signature	Date
Applicant 5 Signature	Dale