



# South African Pharmacy Council

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Form is valid  
for 2025 only

## APPLICATION FOR THE CHANGE OF ADDRESS WITHOUT RELOCATON, 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	Other	
Recorded category of pharmacy	Community	Institutional (private)	Institutional (public)	Wholesale	Manufacturing	Consultant		
Full name(s) of owner (company, close corporation, partnership, etc.)								
Recorded pharmacy name								
Trading title of the pharmacy as recorded with Council								
Pharmacy account number						Y		
Pharmacy postal address							Postal code	
							Street code	
Pharmacy physical address (as recorded with Council)							Street code	
							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 number								
Courier address							Street code	
							Street code	
Date of appointment as RP as it appears on the certificate issued by the SAPC	DD	/	MM	/	YYYY			
SECTION C: 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								
(b) government gazette (for street name change)								
(c) any other relevant document in support of the application								
(d) change of address fee – R2,563.00 (VAT incl).								
SECTION D: DECLARATION BY THE OWNER/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:	DD	/	MM / YYYY	

• 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 \_\_\_\_\_