

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

TEMPORARY RELOCATION APPLICATION

		te in BLOCK CAPIT			Registrar, South	n Afri	can F	harma	acy C	ounc	il		
	OF THE PHARMACY AS RECORDED WITH COUNCIL Company Close Corporation Partnership Sole Proprietor Trust State								\tho#				
Pharmacy Owner Category of pharmacy	Company Community	Institutional		Institutional	Wholesale						Other consultant		
Full name(s) of owner		(private)	<u> </u>	(public)					<u> </u>				
(company, close corporation,													
partnership, etc.)													
Pharmacy name				Pharmacy acco	ount number		Υ						
Pharmacy physical address							•						
(as recorded/registered with									T				
Council)						S	treet	code					
Temporary physical address													
. ,,,,						S	treet	code					
Approximate distance from recorded/registered address													
of the pharmacy													
Reason for relocation e.g. natural disaster, fire, looting													
(rioting/unrest), renovation,													
etc. including substantiated proof													
Estimated duration at													
temporary location Pharmacy telephone number													
(temporary location)													
Pharmacy e-mail address													
SECTION B: PARTICULARS O	F THE RESPONS	SIBLE PHARMACIS	ST (F		BOVE PHARMA nt number (if			IPULS	ORY)			
RP Registration Number					lable)	F							
Surname/Last Name					T			1					
Title					Initials (First I	Name	es)						
First Names in Full													
Cell number													
E-mail address													
Identity number OR Passport number													
SECTION C: PARTICULARS O	F THE APPLICA	NT (to be complete	ed o	nly if the applic	ant is not the F	RP)							
Surname/Last Name					Latitala (Etaat I	\ I =	\						
Title					Initials (First I	Name	es)						
First Names in Full													
Cell number													
E-mail address													
Identity number OR Passport number													
SECTION D: SUPPORTING DO	CUMENTS												
I, the above applicant, submit the	e following in supp	oort of this application	on:									/lark /ith a ✓	
(a) a legal document containing				s etc., or a docun	nent signed by s	hare	holde	ers app	ointi	ng			
you as liaising personnel (e. (b) Documented proof substant)										
(c) floor plan of the temporary s	-	TOTOGRADIT											
(d) an authorization letter and the		e person making an	арр	lication on behalf	of the owner (If t	the a	oplica	ant is n	ot the	Э			
owner/RP). SECTION E: DECLARATION E	BY THE APPLICA	ANT / RESPONSIB	LE	PHARMACIST									
I, declare that: -													
(a) the information furnished he			licc	nt or		Π					Т		
Full name of Applicant or Res Pharmacist:	housing	Signature of App Responsible Pha			Date: D	D	/	M	/	Υ	Υ	Y	
					<u> </u>					الـــــا			



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PROCESS FOR EVALUATION OF TEMPORARY RELOCATION APPLICATION

- 1. Applicant must complete the attached form and attach all supporting documents
- 2. Upon evaluation of the application form and satisfactory assessment, SAPC will issue a GPP recommendation.
- 3. An inspection will be conducted at the approved temporary location.

PLEASE NOTE:

- 1. Application will only be processed if the annual fees for the pharmacy are up to date.
- 2. This application is valid for 30 days from date of receipt by the Office of the Registrar. Should you fail to submit all the required supporting documentation within 30 days of this application the application shall be rendered void.
- 3. The SAPC 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.