

Applicant's signature_____

Form is valid for **2025** only

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

APPLICATION FOR THE RECORDING OF A PRE- MAY 2003 PHARMACY LICENCE AND ITS RESPONSIBLE PHARMACIST IN TERMS OF THE PHARMACY ACT 53 OF 1974

Please use bl Return to: The	Office Use Only			
PARTICULARS OF THE PRE- MA				
Pharmacy owner	Company Close Partnership Sole Proprietor Trust State			
Category of pharmacy to be recorded	Community Institutional (private) Wholesale Manufacturing Consultant Institutional Public C1 C13 C8 C6 C14 C2			
Full name(s) of owner (company, close corporation, person etc.)				
Owners postal address				
	Postal Code			
Owners courier address				
	Street Code			
	Pharmacy Y number			
Pharmacy name				
Pharmacy postal address				
	Postal code			
Pharmacy physical address (as it appears on the licence)				
	Street code			
Courier address				
Pharmacy telephone number				
Pharmacy fax number				
Note: All documentation must be submitted to the Registrar within 30 days from the date of issue of a licence.				

Date_____



Applicant's signature_____

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Pharmacist Registration No. Surname/Last Name Title	PARTICULARS OF THE RESPONSIBLE PHARMACIST FOR THE ABOVE PHARMACY					
Title Initials (First Names) First Names In Full Cell number Identity Number Date of appointment as responsible Date of appointment The responsible pharmacist contemplated in regulation 25 (3) must— 1. ensure that he or she in fact continuously supervises the pharmacy in which he or she has been appointed; 2. have appropriate qualifications and experience in the services being rendered by such pharmacy; 3. ensure that persons employed in such pharmacy and who provide services forming part of the scope of practice of a pharmacist are appropriately registered with council; 4. notify council immediately upon receiving knowledge that his/her services as responsible pharmacist have been or will be terminated; 5. take corrective measures in respect of deficiencies with regard to inspection reports of council or in terms of the Medicines Act; and in addition to the general responsibilities also— • ensure that unauthorised persons do not obtain access to medicines or scheduled substances or the pharmacy premises outside of normal trading hours; • establish policies and procedures for the employees of the pharmacy with regard to the acts performed and services provided in the pharmacy; • ensure the safe and effective storage and keeping of medicine or scheduled substances in the pharmacy under his or her direct personal supervision; and • ensure correct and effective record keeping of the purchase, sale, possession, storage, safekeeping and return of medicines or scheduled substances. SUPPORTING DOCUMENTATION AND APPLICABLE FEES I, the applicant, submit the following in support of this application: with a case of a sele proprietorship of a community or institutional pharmacy regarding ownership completed in the presence of a commissioner of actin lease of a separate of the Pharmacy Act, 1974 (Act 53 of 1974) as amended e) according fee – pharmacy, owner an	Phar	macist Registration No.	Pharmacist Accour	nt No F	0	
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a) a legal document containing a list of shareholders, members, trustees etc, or a document signed by shareholders appointing you as a liaising personnel (except In case of a sole proprietorship b) affidavit by an owner (sole proprietary/partner) of a community or institutional pharmacy regarding ownership completed in the presence of a commissioner of oath c) ownership documents d) a copy of a licence to own the pharmacy issued by the Department of Health in terms of the Pharmacy Act, 1974 (Act 53 of 1974) as amended e) recording fee – pharmacy, owner and responsible pharmacist: R14, 711.00 (VAT incl.) f) annual fee – pharmacy community or institutional private: R4, 436.00 (VAT incl.)					Mark	
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document signed by shareholders appointing you as a liaising personnel (except In case of a sole proprietorship b) affidavit by an owner (sole proprietary/partner) of a community or institutional pharmacy regarding ownership completed in the presence of a commissioner of oath c) ownership documents d) a copy of a licence to own the pharmacy issued by the Department of Health in terms of the Pharmacy Act, 1974 (Act 53 of 1974) as amended e) recording fee – pharmacy, owner and responsible pharmacist: R14, 711.00 (VAT incl.) f) annual fee – pharmacy community or institutional private: R4, 436.00 (VAT incl.)						
b) affidavit by an owner (sole proprietary/partner) of a community or institutional pharmacy regarding ownership completed in the presence of a commissioner of oath c) ownership documents d) a copy of a licence to own the pharmacy issued by the Department of Health in terms of the Pharmacy Act, 1974 (Act 53 of 1974) as amended e) recording fee – pharmacy, owner and responsible pharmacist: R14, 711.00 (VAT incl.) f) annual fee – pharmacy community or institutional private: R4, 436.00 (VAT incl.)	a)	document signed by sharehol	lders appointing you as a liaising perso		ot	
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c) ownership documents d) a copy of a licence to own the pharmacy issued by the Department of Health in terms of the Pharmacy Act, 1974 (Act 53 of 1974) as amended e) recording fee – pharmacy, owner and responsible pharmacist: R14 , 711.00 (VAT incl.) f) annual fee – pharmacy community or institutional private: R4 , 436.00 (VAT incl.)		. , , ,	ip completed in the presence of a com	missioner of	f	
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incl.) f) annual fee – pharmacy community or institutional private: R4, 436.00 (VAT incl.)	,	a copy of a licence to own the		of Health in		
	e)		ner and responsible pharmacist: R14, 7	711.00 (VAT	Г	
g) annual fee– responsible pharmacist: R382.00 (VAT incl.)	f)	annual fee - pharmacy commu	unity or institutional private: R4, 436.0	0 (VAT incl.))	
	g)	annual fee- responsible phare	macist: R382.00 (VAT incl.)			
						

Date_____



Form is valid for **2025** only

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

APPLICATION FOR THE RECORDING OF A PRE- MAY 2003 PHARMACY LICENCE AND ITS RESPONSIBLE PHARMACIST IN TERMS OF THE PHARMACY ACT 53 OF 1974

DECLARATION BY THE RESPONSIB	LE PHARMACIST		
I, declare that: -			
 a) I am the responsible pharmacist for the pharmacy; b) I will comply with the requirements of regulation 28 of the <i>Regulations relating to the practice of pharmacy</i> c) the information furnished herewith is true and correct. 			
Responsible Pharmacist's Signature:	Date:		
DECLARATION BY THE OWNER			
I, declare that: -			
a) I am the sole owner of the pharmacy or have been empowered by the company, members or trustees etc, to request the NDOH to issue a licence and Council to record such a licence;			
b) Since May 2003, the pharmacy	Since May 2003, the pharmacy never relocated or changed ownership;		
c) the information furnished herewith is true and correct.			
Owner's Signature:	Date: D D / M M / Y Y Y		

PLEASE NOTE:

- 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
Applicant 3 Signature	Dato