



South African Pharmacy Council

Form is valid for **2021** only

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007;
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APPLICATION FOR THE CLOSURE OF A PHARMACY 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		Office Use Only
PARTICULARS OF THE OWNER AND THE PHARMACY TO BE ERASED		
Pharmacy owner	Company	Close Corporation
	Partnership	Sole Proprietor
	Trust	State
Category of pharmacy	Community C1	Institutional (private) C13
	Wholesale C8	Manufacturing C6
	Consultant C14	Institutional Public C2
Full name(s) of owner (company, close corporation, person etc.)		
	Pharmacy account number	
	Y 	
Trading title of the pharmacy as recorded with Council?		
Pharmacy physical address (as recorded with Council)		
	Street code	
Pharmacy telephone number	() - 	
Pharmacy fax number	() - 	
Pharmacy e-mail address		
when was or is the pharmacy intending to cease trading	DD / MM / YYYY	
PARTICULARS OF THE RESPONSIBLE PHARMACIST (RP)		
RP Reg Number	 	RP Account number (if available)
	 	P
Surname/Last Name		
Title	 	Initials (First Names)
	 	
First Names In Full		
Cell number		
E-mail address		
Courier address		
	Code	
Identity Number or		

Applicant's signature _____

Date _____



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Passport number	
<p>REASONS FOR CLOSURE</p> <p>Choose one of the reasons below or specify the reason for closure</p> <p>a) Financial reasons</p> <p>b) Liquidation</p> <p>c) Pricing regulations</p> <p>d) Property sold</p> <p>e) No responsible pharmacist</p> <p>f) Owners request</p> <p>g) Others, please specify _____</p>	<p>Mark with a ✓</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>SUPPORTING DOCUMENTATION</p> <p>I, the above applicant, submit the following in support of this application:</p> <p>a) a copy of the licence to own a pharmacy issued by the department of Health in terms of the Pharmacy Act 53 of 1974 as amended</p> <p>b) a list of all tutors, Interns and learners (each with his or her role type) that are currently practising in this facility;</p> <p>c) 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) .</p>	<p>Mark with a ✓</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DECLARATION BY THE OWNER OR RP	
<p>I, declare that: -</p> <p>a) I herewith include the applicable documentation;</p> <p>b) I am the RP or sole owner of the pharmacy or have been empowered by the company, members or trustees etc, to request the Council to close the above mentioned pharmacy.</p> <p>c) the information furnished herewith is true and correct.</p> <p>RP or Owners Signature: <input type="text"/></p> <p>Date: <input type="text"/> / <input type="text"/> / <input type="text"/></p>	

Applicant's signature _____

Date _____