

Form is valid for **2021** only

South African Pharmacy Council
591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 7272 00; Fax: 27 (12) 3211479/92; E-mail: customercare@sapc.za.org

APPLICATION FOR THE RE-RECORDING OF A PHARMACY AFTER CHANGE OF TRADING TITLE IN TERMS OF THE PHARMACY ACT 53 OF 1974

| Please use bl Return to: Th | Office Use Only | | | | |
|---|--|--|----------------------------|------------------------|--|
| PARTICULARS OF THE PHARM | | | | | |
| Pharmacy owner | | Close Partner | ship Sole Proprietor Trust | State | |
| Category of pharmacy to be recorded | Community Insti | stitutional (private) Wholesale C13 C8 | | nstitutional Public C2 | |
| Full name(s) of owner (company, close corporation, person etc.) | | | | | |
| Owners postal address | | | | | |
| | | P | ostal Code | | |
| Owners courier address | | | | | |
| | | s | treet Code | | |
| Have the premises ever been registered as a pharmacy with the South African Pharmacy Council? | gistered as a pharmacy with the registration number with | | | | |
| If yes, what was the former trading title of the pharmacy recorded with Council? | | | | | |
| Is the pharmacy currently approved for training? | Yes No | Has the layout o premise been all approval was gra | No | | |
| Previous name of pharmacy | | | | | |
| New pharmacy name | | | | | |
| Pharmacy postal address | | | | | |
| | | | Postal code | | |
| Pharmacy telephone number | | | | | |
| Pharmacy fax number | |) - | | | |
| Note: All documentation must be so licence, but prior to the provision of Regulation 8(4) of the <i>Regulations</i> of | | | | | |

| Applicant's signature | Date |
|-----------------------|------|



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| | IN TERMS OF THE PHARMACY ACT 53 OF 1974 | |
|--|---|--|
| PARTICULARS OF THE RESPON | SIBLE PHARMACIST FOR THE ABOVE PHARMACY | |
| Pharmacist Registration No. | Pharmacist Account No (if available) | |
| Surname/Last Name | | |
| Title | Initials (First Names) | |
| First Names In Full | | |
| Cell number | | |
| Identity Number | | |
| Date of appointment as responsible pharmacist | | |
| SUPPORTING DOCUMENTATION | | |
| , , | ollowing in support of this application: ecording certificate in terms of the Pharmacy Act, Mark with a ✓ | |
| of Health in terms of the Pha | sued after change of trading title by the Department rmacy Act, 1974 (Act 53 of 1974) as amended ayable with every recording): R12,258.00(VAT | |
| (e) recording fee – responsible p | ble with every recording): R2,324.00 (VAT incl.) harmacist (payable with all new applications, change or change of trading title): R2,277.00(VAT incl.) | |
| (f) annual fee – pharmacy | | |
| community or institutional: R consultant pharmacy: R3,46° | | |
| | oharmacy: R14,435.00 (VAT incl.) | |
| (g) annual fee- responsible pha | | |
| DECLARATION BY THE RESPONS | IBLE PHARMACIST | |
| I, declare that: - | | |
| pharmacist; c) the above pharmacy will be co | ole documentation/fee(s); onducted under the direct personal supervision of a responsible onducted in accordance with good pharmacy practice guidelines as | |
| published by Council; d) the information furnished here | with is true and correct. | |
| Responsible Pharmacist's Signature | : Date: DD / MM / YYYY | |
| title in terms of the Pharmacy Act 53 of 2. The SAPC will issue a GPP for change of | ading title with the SAPC by completing and submitting a form named "Applica 1974" trading title "Application for reprint of pharmacy licence after change in trading title cation form to the NDOH; | |
| fees/proof of payment of fees within 60 da herewith shall be forfeited. 2. Payments made at Council offices by cred same day. 3. Payments made by EFT from other banks | ate of receipt by the office of the registrar. Should you fail to submit all the requires of this application the application shall be rendered void and all fees (excluding it card/debit card, direct bank deposits, EFT from a Standard Bank account, the content of the second with an experience for the second with any application for the second of the | ng annual fee) that may have been paid recording certificate can be issued the |
| Cash, Postal orders and Cheques will not South African Pharmacy Council has a | be accepted with any application form. policy of zero tolerance to fraud and corruption. All fraud and corruption | cases detected or reported will be |

Date_____

investigated and perpetrators will be prosecuted accordingly.

Applicant's signature_____