



South African Pharmacy Council

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Form is valid
for **2021** only

APPLICATION FOR THE APPROVAL OF CHANGE OF TRADING TITLE IN TERMS OF SECTION 35A 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				Pharmacy account number	Y									
Owner physical address					Street code									
Owner postal or courier address					Street code									
Pharmacy telephone number														
Pharmacy fax number														
Pharmacy e-mail address														
Previous trading title														
Proposed trading title														
Reason for change of trading title														
SECTION B: PARTICULARS OF THE RESPONSIBLE PHARMACIST (RP) FOR THE ABOVE PHARMACY														
RP Registration Number				RP Account number (if available)	P									
Surname/Last Name														
Title				Initials (First Names)										
First Names in Full														
Cell number														
E-mail address														
Identity number OR Passport number														
SECTION C: PARTICULARS OF THE APPLICANT (to be completed only if the applicant is not the RP)														
Surname/Last Name														
Title				Initials (First Names)										
First Names in Full														
Cell number														
E-mail address														
Identity number OR Passport number														
SECTION D: 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) Letter of authority														
(c) Affidavit that there has been no change of membership or shareholding														
(d) Evaluation fee for change of trading title – R2,136.00 (VAT incl).														
SECTION E: DECLARATION BY THE APPLICANT / RESPONSIBLE PHARMACIST														
I, declare that: -														
(a) I herewith include the applicable documentation/fee(s);														
(b) the company details have not changed i.e. members/shareholders and company name														
(c) the above pharmacy will be conducted under the direct personal supervision of a responsible pharmacist;														
(d) the above pharmacy will be conducted in accordance with good pharmacy practice guidelines as published by Council;														
(e) the information furnished herewith is true and correct.														
Owner or Responsible Pharmacist's Signature				Date:	D	D	/	M	M	/	Y	Y	Y	Y

Applicant's signature _____

Date _____



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Refer to the criteria for evaluation of trading title available in the Good Pharmacy Practice manual

PROCESS FOR APPROVAL OF CHANGE OF NAME OF TRADING TITLE

Process for evaluation of the application for the approval of the change of address without relocation and recording of the amended pharmacy licence after change of address

1. Applicant must then complete the attached form and attach all supporting documents
2. Upon evaluation of the application form and satisfactory assessment, SAPC will issue a GPP for change of trading title.
3. Applicant must complete the form named: **“Application for reprint of pharmacy licence after change in trading title”** and send the application form together with all supporting documents as per application form to the NDOH.
4. NDOH will issue an amended licence.
5. Applicant must then complete form named: **“Application for the recording of the pharmacy after change of trading title in terms of the Pharmacy Act 53 of 1974, and** attach all supporting documents.

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 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.
3. Payments made at Council offices by credit card/debit card, direct bank deposits, EFT from a Standard Bank account, the approval letter can be issued the same day.
4. Payments made by EFT from other banks, other than Standard Bank, the recording certificate will be issued within three working days after verification of payment
5. Cash, postal orders and cheques will not be accepted with any application form.
6. 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.
7. All documents must be submitted to the Office of the Registrar within 30 days from the date of issue of an amended licence.

Please note that an authorization letter and the particulars of the person making an application on behalf of the owner will be required in case where the owner is not making an application himself/herself

ADOPTING AND USING A TRADING TITLE FOR A PHARMACY WITHOUT THE PRIOR WRITTEN APPROVAL OF COUNCIL IS DEEMED TO BE UNETHICAL OR UNPROFESSIONAL CONDUCT

Applicant's signature _____

Date _____