



### 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

Form is valid for  
**2021** only

## 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 black ink and complete in BLOCK CAPITALS.<br>Return to: The Registrar, South African Pharmacy Council |                   |                             |              |                  |                |                         | Office Use Only |
|--|-------------------|-----------------------------|--------------|------------------|----------------|-------------------------|-----------------|
| <b>PARTICULARS OF THE PRE- MAY 2003 PHARMACY TO BE RECORDED</b>  |                   |                             |              |                  |                |                         |                 |
| Pharmacy owner   | Company           | Close Corporation           | Partnership  | Sole Proprietor  | Trust          | State                   |                 |
| Category of pharmacy to be recorded  | Community C1      | Institutional (private) C13 | Wholesale C8 | Manufacturing C6 | Consultant C14 | Institutional Public 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.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_



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| PARTICULARS OF THE RESPONSIBLE PHARMACIST FOR THE ABOVE PHARMACY  |   |
|---|---|
| Pharmacist Registration No.   | <input style="width: 100%;" type="text"/>                   |
| Pharmacist Account No   | P <input style="width: 100%;" type="text"/>                 |
| Surname/Last Name   | <input style="width: 100%;" type="text"/>                   |
| Title   | <input style="width: 100%;" type="text"/>                   |
| First Names In Full   | <input style="width: 100%;" type="text"/>                   |
| Cell number   | <input style="width: 100%;" type="text"/>                   |
| Identity Number   | <input style="width: 100%;" type="text"/>                   |
| Date of appointment as responsible pharmacist   | DD / MM / YYYY  |
| REGULATION 28 OF THE REGULATIONS RELATING TO THE PRACTICE OF PHARMACY   |   |
| The responsible pharmacist contemplated in <a href="#">regulation 25 (3)</a> must—  |   |
| <ol style="list-style-type: none"> <li>1. ensure that he or she in fact continuously supervises the pharmacy in which he or she has been appointed;</li> <li>2. have appropriate qualifications and experience in the services being rendered by such pharmacy;</li> <li>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;</li> <li>4. notify council immediately upon receiving knowledge that his/her services as responsible pharmacist have been or will be terminated;</li> <li>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— <ul style="list-style-type: none"> <li>• ensure that unauthorised persons do not obtain access to medicines or scheduled substances or the pharmacy premises outside of normal trading hours;</li> <li>• establish policies and procedures for the employees of the pharmacy with regard to the acts performed and services provided in the pharmacy;</li> <li>• ensure the safe and effective storage and keeping of medicine or scheduled substances in the pharmacy under his or her direct personal supervision; and</li> <li>• ensure correct and effective record keeping of the purchase, sale, possession, storage, safekeeping and return of medicines or scheduled substances.</li> </ul> </li> </ol> |   |
| SUPPORTING DOCUMENTATION AND APPLICABLE FEES  |   |
| I, the applicant, submit the following in support of this application:  | Mark with a<br>✓  |
| 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  | <input style="width: 50px; height: 30px;" type="checkbox"/> |
| 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  | <input style="width: 50px; height: 30px;" type="checkbox"/> |
| c) ownership documents  | <input style="width: 50px; height: 30px;" type="checkbox"/> |
| d) a <b>copy</b> 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   | <input style="width: 50px; height: 30px;" type="checkbox"/> |
| e) recording fee – pharmacy, owner and responsible pharmacist: <b>R12, 258.00</b> (VAT incl.)   | <input style="width: 50px; height: 30px;" type="checkbox"/> |
| f) annual fee – pharmacy community or institutional private: <b>R3, 696.00</b> (VAT incl.)  | <input style="width: 50px; height: 30px;" type="checkbox"/> |
| g) annual fee– responsible pharmacist: <b>R318.00</b> (VAT incl.)   | <input style="width: 50px; height: 30px;" type="checkbox"/> |

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_



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| DECLARATION BY THE RESPONSIBLE PHARMACIST   |  |
|---|--|
| <p>I, declare that: -</p> <p>a) I am the responsible pharmacist for the pharmacy;</p> <p>b) I will comply with the requirements of regulation 28 of the <i>Regulations relating to the practice of pharmacy</i></p> <p>c) the information furnished herewith is true and correct.</p>   |  |
| <b>Responsible Pharmacist's Signature:</b> <input style="width: 100px; height: 20px;" type="text"/>   | <b>Date:</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| DECLARATION BY THE OWNER  |  |
| <p>I, declare that: -</p> <p>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;</p> <p>b) Since May 2003, the pharmacy never relocated or changed ownership;</p> <p>c) the information furnished herewith is true and correct.</p> |  |
| <b>Owner's Signature:</b> <input style="width: 100px; height: 20px;" type="text"/>  | <b>Date:</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |

**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 \_\_\_\_\_