



South African Pharmacy Council

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Form is valid
for **2022** only

TEMPORARY RELOCATION APPLICATION

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						
Category of pharmacy	Community	Institutional (private)	Institutional (public)	Wholesale	Manufacturing	Consultant							
Full name(s) of owner (company, close corporation, partnership, etc.)													
Pharmacy name				Pharmacy account number	Y								
Pharmacy physical address (as recorded/registered with Council)					Street code								
Temporary physical address					Street code								
Approximate distance from recorded/registered address of the pharmacy													
Reason for relocation e.g. natural disaster, fire, looting (rioting/unrest), renovation, etc. including substantiated proof													
Estimated duration at temporary location													
Pharmacy telephone number (temporary location)													
Pharmacy e-mail address													
SECTION B: PARTICULARS OF THE RESPONSIBLE PHARMACIST (RP) FOR THE ABOVE PHARMACY (COMPULSORY)													
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													
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 liaising personnel (except in case of a sole proprietorship).													
(b) Documented proof substantiating reasons for relocation													
(c) floor plan of the temporary site.													
(d) an authorization letter and the particulars of the person making an application on behalf of the owner (If the applicant is not the owner/RP).													
SECTION E: DECLARATION BY THE APPLICANT / RESPONSIBLE PHARMACIST													
I, declare that: -													
(a) the information furnished herewith is true and correct.													
Full name of Applicant or Responsible Pharmacist:	Signature of Applicant or Responsible Pharmacist:		Date:	D	D	/	M	M	/	Y	Y	Y	Y

