

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) 321-1479/92; E-mail: customercare@sapc.za.org

Form is valid for 2022 only

TEMPORARY RELOCATION APPLICATION

		te in BLOCK CAPITALS		Registrar, South	African	Pharmacy	Council
SECTION A: PARTICULARS O			Partnership	Colo Droprio	tor	State Other	
Pharmacy Owner Category of pharmacy	Company Community	Close Corporation Institutional (private)	Institutional (public)	Sole Proprie Wholesale		Trust	Consultant
Full name(s) of owner		(private)	(public)				_1
(company, close corporation,							
partnership, etc.)							
Pharmacy name			Τ		1 37	1	
			Pharmacy acco	ount number	Υ		
Pharmacy physical address (as recorded/registered with					,		1
Council)					Stree	et code	
Town areas should add and					_		
Temporary physical address					Stree	et code	
Approximate distance from					000	, codo	
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 O	F THE RESPONS	SIBLE PHARMACIST (RP) FOR THE AI	BOVE PHARMA	CY (CO	MPULSOF	(Y)
RP Registration Number				nt number (if ilable)	Р		
Surname/Last Name				_			
Title				Initials (First N	Names)		
First Names in Full							
Cell number							
E-mail address							
Identity number OR Passport							
number SECTION C: PARTICULARS O	ETHE ADDITION	NT (to be completed (anly if the applic	ant is not the B	D)		
Surname/Last Name	F THE AFFEICA	ivi (to be completed t	only if the applic	ant is not the N	.Г <i>)</i>		
Title				Initials (First N	Names)		
First Names in Full				`	<u> </u>	I	
Cell number							
E-mail address							
Identity number OR Passport number							
SECTION D: SUPPORTING DO	CUMENTS						
I, the above applicant, submit the	e following in supp	port of this application:					Mark with a ✓
(a) a legal document containing			es etc., or a docur	ment signed by s	harehold	ders appoir	•
you as liaising personnel (e. (b) Documented proof substant							
(c) floor plan of the temporary s		relocation					
(d) an authorization letter and the owner/RP).		e person making an app	olication on behalf	of the owner (If t	he appli	cant is not t	he
SECTION E: DECLARATION E	Y THE APPLICA	ANT / RESPONSIBLE	PHARMACIST				
I, declare that: -							
(a) the information furnished he				 			
Full name of Applicant or Res Pharmacist:	ponsible	Signature of Applica Responsible Pharm		Date: D	D /	M M	' Y Y Y



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PROCESS FOR EVALUATION OF TEMPORARY RELOCATION APPLICATION

- 1. Applicant must complete the attached form and attach all supporting documents
- Upon evaluation of the application form and satisfactory assessment, SAPC will issue a GPP recommendation and NDoH temporary license for temporary relocation for pharmacies who are licence holders.
- 3. Upon evaluation of the application form and satisfactory assessment, SAPC will issue a GPP recommendation and approval letter for pre-May 2003 pharmacies.
- 4. An inspection will be conducted at the approved temporary location.

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 30 days from date of receipt by the Office of the Registrar. Should you fail to submit all the required supporting documentation within 30 days of this application the application shall be rendered void.
- 3. The SAPC 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.