



## APPLICATION FOR ANOTHER BUSINESS OR PRACTICE IN A PHARMACY IN TERMS OF THE PHARMACY ACT, 1974 (ACT 53 OF 1974)

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council												Office Use Only														
<b>SECTION A: APPLICANT'S PERSONAL PARTICULARS (RESPONSIBLE PHARMACISTS)</b>																										
Responsible Pharmacist registration no and P-number											P	Complies with criteria		Yes	No											
Title	Initials (first names)																									
First names in full												Received Fee (if applicable)		N/A	Yes	No										
Surname																										
South African Citizenship	Yes	No	Please specify if other									Date of Approval		D	D	/	M	M	/	Y	Y	Y	Y			
Identity number / Permit No																										
Responsible pharmacist registered postal address												Postal Code														
Cell phone number																										
Work telephone number	(				)																					
Fax number	(				)																					
E-mail address																										
<b>SECTION B: PARTICULARS OF PHARMACY PREMISES</b>																										
Name of pharmacy/institution																										
Pharmacy registration no:	Y																									
Sector	Private Sector					Public Sector																				
Category	Community C1	Institutional (hospital) C13	Wholesale C8	Manufacturing C6	Consultant C14																					
Responsible pharmacist registered postal address												Postal Code														
Responsible pharmacist registered physical address												Street Code														
Cell phone number																										
Work telephone number	(				)																					
Fax number	(				)																					
E-mail address																										
Province																										
Date of registration/recording of above pharmacy premises with Council	D	D	/	M	M	/	Y	Y	Y	Y	Y															
Envisaged date of commencement of another business operating within the pharmacy	D	D	/	M	M	/	Y	Y	Y	Y	Y															
<b>SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES</b>																										
I, the above applicant, submit the following in support of my application:											Mark with a ✓															
(a) an affidavit with regard to the ownership of the pharmacy;																										
(b) professionally drawn floor- and site plans of the premises;																										
(c) annual registration and/ recording certificate of the pharmacy; and																										
(d) appropriate fee (ethical rule 13 (a) or (b) evaluation fee: <b>R3, 593.00 (VAT incl.)</b> )																										

**Note:** Attach a copy of the annual Pharmacy Registration Certificate.

**ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR**

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<b>SECTION D: DECLARATION BY APPLICANT</b>												
<p>I, the above applicant, declare that:</p> <p>(a) I herewith include all the applicable documentation/fees mentioned in Section C above;</p> <p>(b) I will observe Council's requirements and conditions relating to the ethical rules as published by Council.</p> <p>(c) I am fully conversant with the legislation relating to pharmacy;</p> <p>(d) I practise FULL TIME at the above premises; and</p> <p>(e) the information furnished herewith is true and correct.</p> <p>(f) I will ensure that the premises will comply with the minimum standards laid down by the Council for community pharmacies and that:</p> <p style="margin-left: 20px;">(i) only a pharmacist, pharmacist's assistant or pharmacist intern, under the personal supervision of a pharmacist, may have direct access to scheduled substances in the pharmacy;</p> <p style="margin-left: 20px;">(ii) unauthorised persons should not by any means, obtain access to the premises outside of normal trading hours;</p> <p>(g) I will not alter the premises without written approval of the Council;</p> <p>(h) I will ensure that the pharmacy premises will be clearly demarcated and identified from the premises of such other business or practice. The demarcation must be of such a nature that permits for the closure thereof under lock and key by myself, and prohibits entry to the pharmacy premises in my absence;</p> <p>(i) I have attached a copy of the annual pharmacy registration certificate; and</p> <p>(k) I have initialled every page.</p>												
<b>Applicant's Signature:</b> _____												
<b>Application Date:</b>	<table style="border-collapse: collapse; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">D</td> <td style="border: 1px solid black; width: 20px;">D</td> <td style="border: 1px solid black; width: 20px;">/</td> <td style="border: 1px solid black; width: 20px;">M</td> <td style="border: 1px solid black; width: 20px;">M</td> <td style="border: 1px solid black; width: 20px;">/</td> <td style="border: 1px solid black; width: 20px;">Y</td> <td style="border: 1px solid black; width: 20px;">Y</td> <td style="border: 1px solid black; width: 20px;">Y</td> <td style="border: 1px solid black; width: 20px;">Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y	
D	D	/	M	M	/	Y	Y	Y	Y			
<b>SECTION E: DECLARATION BY COMMISSIONER OF OATHS</b>												
<p>The abovementioned was SIGNED and SWORN TO before me at _____  <span style="float: right;"><i>(place)</i></span></p> <p>on this ____ day of _____ in the year _____, the deponent (applicant) having acknowledged that he/she knows and understands the contents of this declaration.</p> <p><b>SIGNATURE OF COMMISSIONER OF OATHS</b> _____</p>	<p style="text-align: center;"><b>Stamp</b> (Compulsory)</p> <p style="text-align: center; font-size: small;"><i>(Full names, capacity, address and contact details of Commissioner of Oaths)</i></p>											

**Please Note:**

- In cases where the received application form is incomplete, the applicant will be expected to submit all necessary documents. Failure to which Council will consider the application null and void after 90 days from the day the applicant was informed that the documents were incomplete. The applicant will therefore be expected to submit a new application form with the applicable fee(s).
- 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.

**ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR**