

Date _____



South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007;
Tel: 0861 7272 00; Fax: 27 (12) 321 1479; E-mail: customercare@sapc.za.org; Website: www.sapc.za.org

Form is valid for
2023 only

Page 2 of 3

APPLICATION FOR THE RECORDING OF A PHARMACY AND ITS RESPONSIBLE PHARMACIST IN TERMS OF THE PHARMACY ACT 53 OF 1974

	<div style="display: flex; justify-content: space-between;"> 123456789101112131415161718192021222324252627282930 </div>	
	<div style="display: flex; justify-content: space-between;"> 123456789101112131415161718192021222324252627282930 </div>	
Pharmacy telephone number	<div style="display: flex; justify-content: space-between;"> 123456789101112131415161718192021222324252627282930 </div>	
Pharmacy fax number	<div style="display: flex; justify-content: space-between;"> 123456789101112131415161718192021222324252627282930 </div>	
Pharmacy e-mail address	<div style="display: flex; justify-content: space-between;"> 123456789101112131415161718192021222324252627282930 </div>	
Date of the intended opening of the pharmacy	<div style="display: flex; justify-content: space-between;"> 123456789101112131415161718192021222324252627282930 </div>	
<p>Note: All documentation must be submitted to the Registrar within 30 days from the date of issue of a licence, but prior to the provision of any pharmaceutical services from this premises in terms of Regulation 8(4) of the <i>Regulations relating to the Ownership and Licensing of Pharmacies</i>.</p>		
PARTICULARS OF THE RESPONSIBLE PHARMACIST FOR THE ABOVE PHARMACY		
Pharmacist Registration No.	<div style="display: flex; justify-content: space-between;"> 123456789101112131415161718192021222324252627282930 </div>	Pharmacist Account No (if available) <div style="display: flex; justify-content: space-between;"> 123456789101112131415161718192021222324252627282930 </div>
Surname/Last Name	<div style="display: flex; justify-content: space-between;"> 123456789101112131415161718192021222324252627282930 </div>	
Title	<div style="display: flex; justify-content: space-between;"> 123456789101112131415161718192021222324252627282930 </div>	Initials (First Names) <div style="display: flex; justify-content: space-between;"> 123456789101112131415161718192021222324252627282930 </div>
First Names In Full	<div style="display: flex; justify-content: space-between;"> 123456789101112131415161718192021222324252627282930 </div>	
Cell number	<div style="display: flex; justify-content: space-between;"> 123456789101112131415161718192021222324252627282930 </div>	
Identity Number	<div style="display: flex; justify-content: space-between;"> 123456789101112131415161718192021222324252627282930 </div>	
Date of appointment as responsible pharmacist	<div style="display: flex; justify-content: space-between;"> 123456789101112131415161718192021222324252627282930 </div>	
SUPPORTING DOCUMENTATION AND APPLICABLE FEES		
I, the above applicant, submit the following in support of this application:		Mark with a ✓
a) a signed letter confirming resignation and date of resignation (only if applicant is currently registered as the responsible pharmacist of another pharmacy)		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
b) a signed letter of appointment as the responsible pharmacist of the above pharmacy		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
c) a copy of a VAT certificate;		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
d) a signed letter of acceptance of the above appointment in which the above responsible pharmacist declares that he/she accepts such appointment, as well as the duties and responsibilities of a responsible pharmacist as set out in Regulation 28 of the REGULATIONS RELATING TO THE PRACTICE OF PHARMACY		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
e) a copy 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		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
f) recording fee – pharmacy (Payable with every recording): R13, 513.00 (VAT incl.)		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
g) recording fee – owner (Payable with every recording): R2, 562.00 (VAT incl.)		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
h) recording fee – responsible pharmacist (payable with all new applications, change of ownership, relocation and or change of trading title) : R2, 510.00 (VAT incl.)		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
i) annual fee – pharmacy		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
community or institutional: R4,075.00 (VAT incl.) consultant pharmacy: R3,815.00 (VAT incl.)		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
OR		OR
wholesale or manufacturing pharmacy: R15 012.00 (VAT incl.)		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
j) annual fee– responsible pharmacist: R351.00 (VAT incl.)		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>

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DECLARATION BY THE RESPONSIBLE PHARMACIST		
<p>I, declare that: -</p> <p>a) I herewith include the applicable documentation/fee(s);</p> <p>b) the above pharmacy will be conducted under the direct personal supervision of a responsible pharmacist;</p> <p>c) the above pharmacy will be conducted in accordance with good pharmacy practice guidelines as published by Council;</p> <p>d) the information furnished herewith is true and correct.</p>		
Responsible Pharmacist's Signature:	<div style="border: 1px solid black; width: 150px; height: 30px;"></div>	Date: <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div> / <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div> / <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div>

The policy of the South African Pharmacy Council in terms of its statutory objectives to control the practice of the pharmacy profession regarding the approval of trading titles for pharmacies is as follows:

- No trading title may be used which is calculated to suggest that the professional skills or ability or facilities for the rendering and supply of pharmaceutical services are superior or better than those of other pharmacies.
- Trading titles which include the words, Super, Superior, etc. or words with the same or a similar meaning or connotation will not be approved.
- The duplication of pharmacy titles if such pharmacies do not have the same owner will not be approved, where such titles refer to pharmacies situated in the same geographical area, e.g. town or city.
- In situations where similar names are requested but the pharmacy is situated in another town or city the applicant concerned must obtain the permission of the owner of the pharmacy with a similar title to enable him/her to use such similar title. This provision is included in order to avoid confusion, which is currently occurring with regard to e.g. wholesalers and medical schemes relating to the location of pharmacies.

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

PLEASE NOTE:

- 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.
- Payments made at Council offices by credit card/debit card, direct bank deposits, EFT from a Standard Bank account, the recording certificate can be issued the same day.
- 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
- 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 _____

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