



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
2023 only

APPLICATION FOR THE RE - RECORDING OF A PHARMACY AFTER CHANGE OF TRADING TITLE IN TERMS OF THE PHARMACY ACT 53 OF 1974

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council		Office Use Only						
PARTICULARS OF THE PHARMACY TO BE RECORDED								
Pharmacy owner	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">Company</td> <td style="width: 16.6%;">Close Corporation</td> <td style="width: 16.6%;">Partnership</td> <td style="width: 16.6%;">Sole Proprietor</td> <td style="width: 16.6%;">Trust</td> <td style="width: 16.6%;">State</td> </tr> </table>		Company	Close Corporation	Partnership	Sole Proprietor	Trust	State
Company	Close Corporation	Partnership	Sole Proprietor	Trust	State			
Category of pharmacy to be recorded	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">Community C1</td> <td style="width: 16.6%;">Institutional (private) C13</td> <td style="width: 16.6%;">Wholesale C8</td> <td style="width: 16.6%;">Manufacturing C6</td> <td style="width: 16.6%;">Consultant C14</td> <td style="width: 16.6%;">Institutional Public C2</td> </tr> </table>		Community C1	Institutional (private) C13	Wholesale C8	Manufacturing C6	Consultant C14	Institutional Public C2
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								
Owners courier address								
Have the premises ever been registered as a pharmacy with the South African Pharmacy Council?	<table border="0" style="width:100%;"> <tr> <td style="width: 10%;"><input type="checkbox"/> Yes</td> <td style="width: 10%;"><input type="checkbox"/> No</td> <td style="width: 60%;">If yes, what was its registration number with Council?</td> <td style="width: 20%; border: 1px solid black; text-align: center;">Y</td> </tr> </table>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what was its registration number with Council?	Y		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what was its registration number with Council?	Y					
If yes, what was the former trading title of the pharmacy recorded with Council?								
Is the pharmacy currently approved for training?	<table border="0" style="width:100%;"> <tr> <td style="width: 10%;"><input type="checkbox"/> Yes</td> <td style="width: 10%;"><input type="checkbox"/> No</td> <td style="width: 60%;">Has the layout of the premise been altered since approval was granted?</td> <td style="width: 20%;"><input type="checkbox"/> Yes</td> <td style="width: 10%;"><input type="checkbox"/> No</td> </tr> </table>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has the layout of the premise been altered since approval was granted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has the layout of the premise been altered since approval was granted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Previous name of pharmacy								
New pharmacy name								
Pharmacy postal address								
Pharmacy telephone number								
Pharmacy fax number								
<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>								

Applicant's signature _____

Date _____



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PARTICULARS OF THE RESPONSIBLE PHARMACIST FOR THE ABOVE PHARMACY	
Pharmacist Registration No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Pharmacist Account No (if available) P <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname/Last Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Title	<input type="text"/> <input type="text"/> <input type="text"/> Initials (First Names) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
First Names In Full	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cell number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Identity Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of appointment as responsible pharmacist	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SUPPORTING DOCUMENTATION AND APPLICABLE FEES	
I, the above applicant, submit the following in support of this application:	
(a) a copy of the old pharmacy recording certificate in terms of the Pharmacy Act, 1974 (Act 53 of 1974)	Mark with a ✓ <input type="checkbox"/>
(b) a copy of the new licence issued after change of trading title by the Department of Health in terms of the Pharmacy Act, 1974 (Act 53 of 1974) as amended	<input type="checkbox"/>
(c) recording fee – pharmacy (Payable with every recording): R13,513.00(VAT incl.)	<input type="checkbox"/>
(d) recording fee – owner (Payable with every recording): R2,562.00 (VAT incl.)	<input type="checkbox"/>
(e) recording fee – responsible pharmacist (payable with all new applications, change of ownership, relocation and or change of trading title) : R2,510.00(VAT incl.)	<input type="checkbox"/>
(f) annual fee – pharmacy	<input type="checkbox"/>
community or institutional: R4,075.00 (VAT incl.)	<input type="checkbox"/>
consultant pharmacy: R3,815.00 (VAT incl.)	<input type="checkbox"/>
OR	OR
wholesale or manufacturing pharmacy: R15,913.00(VAT incl.)	<input type="checkbox"/>
(g) annual fee– responsible pharmacist: R351.00 (VAT incl.)	<input type="checkbox"/>
DECLARATION BY THE RESPONSIBLE PHARMACIST	
I, declare that: -	
a) I herewith include the applicable documentation/fee(s);	
b) the above pharmacy will be conducted under the direct personal supervision of a responsible pharmacist;	
c) the above pharmacy will be conducted in accordance with good pharmacy practice guidelines as published by Council;	
d) the information furnished herewith is true and correct.	
Responsible Pharmacist's Signature:	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Process and Criteria for re-recording of change of trading title

1. Applicant must first apply for change of trading title with the SAPC by completing and submitting a form named "Application for the change of name of trading title in terms of the Pharmacy Act 53 of 1974"
2. The SAPC will issue a GPP for change of trading title
3. Applicant must complete the form named: "Application for reprint of pharmacy licence after change in trading title" and send the application form together with all supporting documents as per application form to the NDOH;
4. NDOH will issue an amended licence
5. Applicant must then complete the attached form and attach all supporting documents

PLEASE NOTE:

1. 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.
2. 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.
3. 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
4. Cash, Postal orders and Cheques will not be accepted with any application form.
5. 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 _____