



South African Pharmacy Council

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Form is valid
for **2023** only

APPLICATION FOR THE CHANGE OF ADDRESS WITHOUT RELOCATON, 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																					
SECTION A: PARTICULARS OF THE PHARMACY AS RECORDED WITH COUNCIL																					
Pharmacy owner	Company	Close Corporation	Partnership	Sole Proprietor	Trust	State	Other														
Recorded category of pharmacy	Community	Institutional (private)	Institutional (public)	Wholesale	Manufacturing	Consultant															
Full name(s) of owner (company, close corporation, partnership, etc.)																					
Recorded pharmacy name																					
Trading title of the pharmacy as recorded with Council																					
Pharmacy account number							Y														
Pharmacy postal address																					
								Postal code													
Pharmacy physical address (as recorded with Council)																					
								Street code													
New address																					
								Street code													
Pharmacy telephone number																					
Pharmacy fax number																					
Pharmacy e-mail address																					
SECTION B: PARTICULARS OF THE RESPONSIBLE PHARMACIST (RP) FOR THE ABOVE PHARMACY																					
RP Registration No.																					
								RP Account No (if available)	P												
Surname/Last Name																					
Title								Initials (First Names)													
First Names In Full																					
Cell number																					
E-mail address																					
Identity number OR Passport number																					
Courier address																					
								Street code													
Date of appointment as RP as it appears on the certificate issued by the SAPC																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> </tr> </table>												D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y												
SECTION C: SUPPORTING DOCUMENTS AND APPLICABLE FEES																					
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 the liaising person																					
(b) government gazette (for street name change)																					
(c) any other relevant document in support of the application																					
(d) change of address fee – R2,354.00 (VAT incl).																					
SECTION D: DECLARATION BY THE OWNER/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.																					
Owner or Responsible Pharmacist's Signature:							Date:														

• Fees subject to change without further notification.

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.

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 _____ Date _____