



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 RECORDING OF A PRE- MAY 2003 PHARMACY LICENCE AND ITS RESPONSIBLE PHARMACIST IN TERMS OF THE PHARMACY ACT 53 OF 1974

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"/> Pharmacist Account No <input type="text"/> 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"/>
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"/> <input type="text"/> Initials (First Names) <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"/>
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"/>
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"/>
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"/>
REGULATION 28 OF THE REGULATIONS RELATING TO THE PRACTICE OF PHARMACY	
The responsible pharmacist contemplated in regulation 25 (3) must—	
<ol style="list-style-type: none"> 1. ensure that he or she in fact continuously supervises the pharmacy in which he or she has been appointed; 2. have appropriate qualifications and experience in the services being rendered by such pharmacy; 3. ensure that persons employed in such pharmacy and who provide services forming part of the scope of practice of a pharmacist are appropriately registered with council; 4. notify council immediately upon receiving knowledge that his/her services as responsible pharmacist have been or will be terminated; 5. take corrective measures in respect of deficiencies with regard to inspection reports of council or in terms of the Medicines Act; and in addition to the general responsibilities also— <ul style="list-style-type: none"> • ensure that unauthorised persons do not obtain access to medicines or scheduled substances or the pharmacy premises outside of normal trading hours; • establish policies and procedures for the employees of the pharmacy with regard to the acts performed and services provided in the pharmacy; • ensure the safe and effective storage and keeping of medicine or scheduled substances in the pharmacy under his or her direct personal supervision; and • ensure correct and effective record keeping of the purchase, sale, possession, storage, safekeeping and return of medicines or scheduled substances. 	
SUPPORTING DOCUMENTATION AND APPLICABLE FEES	
I, the 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 a liaising personnel (except In case of a sole proprietorship)	<input type="checkbox"/>
b) affidavit by an owner (sole proprietary/partner) of a community or institutional pharmacy regarding ownership completed in the presence of a commissioner of oath	<input type="checkbox"/>
c) ownership documents	<input type="checkbox"/>
d) 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	<input type="checkbox"/>
e) recording fee – pharmacy, owner and responsible pharmacist: R13, 513.00 (VAT incl.)	<input type="checkbox"/>
f) annual fee – pharmacy community or institutional private: R4, 075.00 (VAT incl.)	<input type="checkbox"/>
g) annual fee– responsible pharmacist: R351.00 (VAT incl.)	<input type="checkbox"/>

Applicant's signature _____

Date _____



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DECLARATION BY THE RESPONSIBLE PHARMACIST	
<p>I, declare that: -</p> <p>a) I am the responsible pharmacist for the pharmacy;</p> <p>b) I will comply with the requirements of regulation 28 of the <i>Regulations relating to the practice of pharmacy</i></p> <p>c) the information furnished herewith is true and correct.</p>	
Responsible Pharmacist's Signature: <input style="width: 100px; height: 25px;" type="text"/>	Date: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DECLARATION BY THE OWNER	
<p>I, declare that: -</p> <p>a) I am the sole owner of the pharmacy or have been empowered by the company, members or trustees etc, to request the NDOH to issue a licence and Council to record such a licence;</p> <p>b) Since May 2003, the pharmacy never relocated or changed ownership;</p> <p>c) the information furnished herewith is true and correct.</p>	
Owner's Signature: <input style="width: 100px; height: 25px;" type="text"/>	Date: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

PLEASE NOTE:

- 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 _____