

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: <u>customercare@sapc.za.org</u>; Website: <u>www.sapc.za.org</u>

## APPLICATION FOR THE REGISTRATION OF A PROVIDER IN TERMS OF THE PHARMACY ACT 53 OF 1974

| Owner postal address   | Please use black ink and complete in BLOCK CAPITALS. |  |       |                |                   |                    |      |        |        |     |      | Office Use Only |   |
|--|--|--|-------|----------------|-------------------|--------------------|------|--------|--------|-----|------|-----------------|---|
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|  |  |  | 01/   | Close          | Partnership       |                    |      | Tr     | ust    |     | Stat | e               |   |
| Full name(s) of owner(s)       Image: second s   | Category of provider to be registered                |  |       |                | er                | Flopheld           |      | olic p | provid | der |      |                 |   |
| Owner postal address         Image: market in the set of                                 |  |  |       |                |                   |                    |      |        |        |     |      |                 |   |
| Owner counter address         Postal Code         Image: content of the second s  | Full name(s) of owner(s)                             |  |       |                |                   |                    |      |        |        |     |      |                 |   |
| Owner counter address         Postal Code  |  |  |       |                |                   |                    |      |        |        |     |      |                 |   |
| Owner counter address         Postal Code         Image: content of the second s  |  |  |       |                |                   |                    |      |        |        |     |      |                 |   |
| Owner courier address         Stroet Code  | Owner postal address                                 |  |       |                |                   |                    |      |        |        |     |      |                 |   |
| Atternative radio         Street Code           PATTICULARS OF THE PROVIDER TO BE RECORDED         If yes, what was the registration number with Council?         R         I         I         Image: Comparison of the Comparison of the Comparison of the Council?         Image: Comparison of the Comparison of the Council?         Image: Coun  |  | Postal Code  |       |                |                   |                    |      |        |        |     |      |                 |   |
| PATTICULARS OF THE PROVIDER TO BE RECORDED         Street Code   |  |  |       |                | 1                 |                    |      |        |        |     |      |                 |   |
| PATTICULARS OF THE PROVIDER TO BE RECORDED         Street Code   |  |  |       |                |                   |                    |      |        |        |     |      |                 | - |
| PARTICULARS OF THE PROVIDER TO BE RECORDED  Has the provider over been registered as provider were been registered sa provider were been registered Prevent the South African Provider recorded with Council? (# provider recorded with Council (# provider recorded w | Owner courier address                                |  |       |                |                   | -                  |      |        |        |     |      |                 |   |
| Has the provider over hear registered as a provider with the South African P Parmacy Council? YES No  If yes, what was the registration number with Council? I I I I I I I I I I I I I I I I I I I   |  |  |       |                | Street            | -                  |      |        |        |     |      |                 |   |
| sas a provider with the South African<br>Pharmacy Council?         YES         No         Provider with Council?         U         Image Council (Council   | PARTICULARS OF THE PROVID                            | DER TO   | BE RE | CORDE          | D                 |                    |      |        |        |     |      |                 |   |
| Pharmacy Counci?         Immer with Councir?         U         Immer with Councir?           I ves, what was the former trading<br>tile of the provider recorded with<br>Council? (if applicable)         Immer with Councir?         Immer with Councir?           Provider name (or Proposed trading<br>tile)         Immer with Councir?         Immer with Councir?         Immer with Councir?           Alternative trading tile         Immer with the west that the previous name / proposed trading tile is not<br>approved by Councir?         Immer west that the previous name / proposed trading tile is not<br>approved by Councir?           Provider postal address         Immer west that the previous name / proposed trading tile is not<br>approved by Councir?         Immer west that the previous name / proposed trading tile is not<br>approved by Councir?           Provider postal address         Immer west that the west that the west that the previous name / proposed trading tile is not<br>approved by Councir?         Immer west that the west that the previous name / proposed trading tile is not<br>approved by Councir?           Provider physical address         Immer west that the west that the previous name / provider address         Immer west that the previous name / previous / previous name / previous / previous name / p   | Has the provider ever been registered                | VEC  | NO    | lf yes, w      | hat was the re    | gistration         | R    |        |        |     |      |                 |   |
| http://wite recorded with  | Pharmacy Council?                                    | TES  | NÜ    |                |                   |                    | U    |        |        |     |      |                 |   |
| Provider postal address Provider postal address Provider postal address Provider physical address Provider physical address Provider courier address Provider telephone number Provider telephone telephone number Provider teleph | title of the provider recorded with                  |  |       |                |                   |                    |      |        |        |     |      |                 |   |
| Provider postal address  | Provider name (or Proposed trading                   |  |       |                |                   |                    |      |        |        |     |      |                 |   |
| Provider postal address  Provider physical address  Provider physical address  Provider physical address  Provider courier address  Provider courier address  Provider courier address  Provider telephone number  Provider telephone number  Provider s. All registration documentation must be automitted to the Registrar within 30 days of the date of issue of a provider  Provider s. All registration documentation must be automitted to the Registrar within 30 days of the date of issue of a provider  Provider s. All registration documentation must be automitted to the Registrar within 30 days of the date of issue of a provider  Provider s. All registration documentation must be automitted to the Registrar within 30 days of the date of issue of a provider  Provider s. All registration number  Particulares OF THE DESIGNATED PHARMACIST FOR THE PROVIDER  Pharmacist registration number  Title  Initials (First names)  First names in full  Cell number   | Alternative trading title                            | Alternative trading title Alternative title will be used in the event that the previous name / proposed trading title is not |       |                |                   |                    |      |        |        |     |      | s not           |   |
| Provider physical address         Postal Code         Image: C   |  |  |       |                | approved          | by Council         |      |        |        |     |      |                 |   |
| Provider physical address         Postal Code         Image: C   |  |  |       |                |                   |                    |      |        |        |     |      |                 |   |
| Provider physical address  Provider physical address  Provider courier address  Provider courier address  Provider telephone number  Provider telephone number  Provider e-mail address  Date the provider intends to start  Provider e-mail address  Date the provider intends to start  Provider e-mail address  Date the provider intends to start  Provider e-mail address  ParticuLARS OF THE DESIGNATED PHARMACIST FOR THE PROVIDER  Pharmacist registration number  Pharmacist registres Pharmacist registration number | Provider postal address                              |  |       |                |                   |                    |      |        |        |     |      |                 |   |
| Provider physical address  Provider physical address  Provider courier address  Provider courier address  Provider telephone number  Provider telephone number  Provider e-mail address  Date the provider intends to start  Provider e-mail address  Date the provider intends to start  Provider e-mail address  Date the provider intends to start  Provider e-mail address  ParticuLARS OF THE DESIGNATED PHARMACIST FOR THE PROVIDER  Pharmacist registration number  Pharmacist registres Pharmacist registration number |  |  |       |                | Posta             | Code               |      |        |        |     |      |                 |   |
| Street Code       Street Code         Provider courier address       Street Code         Street Code       Street Code         Provider telephone number       Street Code         Provider fax number       D         Provider e-mail address       D         Date the provider intends to start       D         enrollment of learners       D         Note: All registration application documentation must be submitted to the Registrar within 30 days of the date of issue of a provider approval certificate.         PARTICULARS OF THE DESIGNATED PHARMACIST FOR THE PROVIDER         Pharmacist registration number         Parametist registration number         Pittle         Initials (First names)         First names in full         Cell number   |  |  |       |                | 1 0010            |                    |      |        |        |     |      |                 |   |
| Street Code       Street Code         Provider courier address       Street Code         Street Code       Street Code         Provider telephone number       Street Code         Provider fax number       Street Code         Provider e-mail address       D         Date the provider intends to start<br>enrollment of learners       D         Note: All registration application documentation must be submitted to the Registrar within 30 days of the date of issue of a provider approval cartificate.       P         PARTICULARS OF THE DESIGNATED PHARMACIST FOR THE PROVIDER       P       Street Code         Pharmacist registration number       P       Street Code         Pittle       Initials (First names)       Initials (First names)         First names in full       Cell number       Cell number  |  |  |       |                |                   |                    |      |        |        |     |      |                 |   |
| Provider courier address  Provider telephone number  Provider telephone number  Provider fax number  Provider fax number  Provider fax number  Provider e-mail address  Date the provider intends to start  D D / M M / Y Y Y Y Y Y Y   PARTICULARS OF THE DESIGNATED PHARMACIST FOR THE PROVIDER  Pharmacist registration number  Pharmacist registration number  Title  Initials (First names)  First names in full  Cell number   | Provider physical address                            |  |       |                |                   |                    |      |        |        |     |      |                 |   |
| Provider courier address  Provider telephone number  Provider telephone number  Provider fax number  Provider fax number  Provider fax number  Provider e-mail address  Date the provider intends to start  D D / M M / Y Y Y Y Y Y Y   PARTICULARS OF THE DESIGNATED PHARMACIST FOR THE PROVIDER  Pharmacist registration number  Pharmacist registration number  Title  Initials (First names)  First names in full  Cell number   |  |  |       |                | Street            | Code               |      |        |        |     |      |                 |   |
| Street Code       Street Code         Provider telephone number       Provider fax number  |  |  |       |                |                   |                    |      |        |        |     |      |                 |   |
| Street Code       Street Code         Provider telephone number       Provider fax number  |  |  |       |                |                   |                    |      |        |        |     |      |                 |   |
| Provider telephone number   Provider fax number   Provider fax number   Provider e-mail address   Date the provider intends to start   D   D   /   M   M   /   Y    Y   Y  | Provider courier address                             |  |       |                |                   |                    |      |        |        |     |      |                 |   |
| Provider fax number Provider e-mail address Date the provider intends to start enrollment of learners Note: All registration application documentation must be submitted to the Registrar within 30 days of the date of issue of a provider approval certificate.  PARTICULARS OF THE DESIGNATED PHARMACIST FOR THE PROVIDER Pharmacist registration number Pharmacist registration number Initials (First names)  First names in full Cell number   |  |  |       |                | Street            |                    |      |        |        |     |      |                 |   |
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| Provider e-mail address       D       /       M       M       /       Y <td>· · ·</td> <td></td>   | · · ·  |  |       |                |                   |                    |      |        |        |     |      |                 |   |
| Date the provider intends to start<br>enrollment of learners       D       D       /       M       /       Y       Y       Y       Y         Note:       All registration application documentation must be submitted to the Registrar within 30 days of the date of issue of a provider<br>approval certificate.       Particulars of THE DESIGNATED PHARMACIST FOR THE PROVIDER         Pharmacist registration number       P       P       P       P         Surname/Last name       Initials (First names)       Initials (First names)       Initials (First names)       Initials (First names)         First names in full       Cell number       Initials (First names)       Initials (First names)       Initials (First names)       Initials (First names)   |  |  |       |                |                   |                    |      |        |        |     |      |                 |   |
| enrollment of learners D D / M M / I I I I I I I I I I I I I I I I   |  |  | D     | 1              | N4 N4             | /                  | V    |        | 1      | V   |      | V               |   |
| PARTICULARS OF THE DESIGNATED PHARMACIST FOR THE PROVIDER       Pharmacist registration number     P       Surname/Last name       Title       Initials (First names)  | enrollment of learners                               |  |       |                |                   | /<br>hin 30 davs o |      |        |        |     |      |                 |   |
| Pharmacist registration number     Image: Constraint of the second of the                            |  |  | арр   | oroval certifi | icate.            | -                  |      |        |        |     |      |                 |   |
| Title     Initials (First names)     Initials       First names in full  |  |  |       |                |                   |                    |      |        | Τ      |     |      | Τ               |   |
| Title     Initials (First names)     Initials       First names in full     Cell number  |  |  |       | <u>ı I</u>     |                   | 1                  | l    |        |        | 1   |      | 1               | 1 |
| First names in full Cell number  |  |  |       | l              | nitials (First na | ames)              |      |        |        |     |      |                 |   |
| Cell number  |  |  | 1 1   | 1              |                   |                    |      | I_     |        |     | 1    | I               |   |
|  | Cell number  |  |       |                |                   |                    |      |        |        |     |      |                 |   |
|  | Identity number                                      |  |       |                |                   |                    |      |        |        |     |      |                 |   |

Applicant's signature



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|  | APPLICATION FOR  | THE F  | REGIS  | RATIC | ON OF  | A PRC | OVIDE | R IN TE | ERMS | OF TH      | E PH/ | RMACY ACT 53 OF 1974 |
|--|--|--------|--------|-------|--------|-------|-------|---------|------|------------|-------|----------------------|
| Date of appointment as designated pharmacist |  | D      | D      | /     | Μ      | Μ     | /     | Y       | Υ    | Υ          | Y     |                      |
| SUPP   | ORTING DOCUMENTATIO  | ON AND | O APPL | ICABL | E FEES | 5     |       |         |      |            |       |                      |
| I, the                                       | I, the above applicant, submit the following in support of this application:               |        |        |       |        |       |       |         |      |            | √     |                      |
| (a)  | a provider approval certificate  |        |        |       |        |       |       |         |      |            |       |                      |
| (b)  | b) a copy of a VAT certificate (if applicable)   |        |        |       |        |       |       |         |      |            |       |                      |
| (c)  | (c) registration fee – provider (Payable with every registration): R 2, 530.00 (VAT incl.) |        |        |       |        |       |       |         |      |            |       |                      |
| DECL   | DECLARATION BY THE RESPONSIBLE PHARMACIST  |        |        |       |        |       |       |         |      |            |       |                      |
| I, dec                                       | I, declare that: -   |        |        |       |        |       |       |         |      | ark with a | √     |                      |
| (a)  | (a) I herewith include the applicable documentation/fee(s);                                |        |        |       |        |       |       |         |      |            |       |                      |
| (b)  | b) the training will be conducted under the supervision of a designated pharmacist;        |        |        |       |        |       |       |         |      |            |       |                      |
| (c)  | ) the training will be conducted in accordance with Council requirements;                  |        |        |       |        |       |       |         |      |            |       |                      |
| (d)  | the information furnished herewith is true and correct.                                    |        |        |       |        |       |       |         |      |            |       |                      |
|  |  |        |        |       |        |       |       |         |      |            |       |                      |
| Responsible Pharmacist's<br>Signature:       |  |        |        |       | D      | D     | / N   | 1 M     | /    | Y Y        | Υ     |                      |
|  |  |        |        |       |        |       |       |         |      |            |       |                      |

The policy of the South African Pharmacy Council in terms of its statutory objectives to control the practice of the pharmacy profession regarding the <u>approval of trading titles</u> for pharmacies / providers 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 / providers.
- 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 / provider titles, if such pharmacies / providers do not have the same owner, will not be approved where such titles refer to pharmacies / providers situated in the same geographical area, e.g. town or city.
- In situations where similar names are requested but the pharmacy / provider is situated in another town or city the applicant concerned must obtain the permission of the owner of the pharmacy / provider with the similar title to enable him/her to use such similar title. This provision is included in order to avoid confusion.

ADOPTING AND USING A TRADING TITLE FOR A PHARMACY / PROVIDER 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.
- If payment is 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.
- If payment is 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.
- The 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.