

South African Pharmacy Council



South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 SAPC 00; Fax: 27 (12) 321 1479/92; E-mail: customer@sapc.za.org

Form is valid for
2023 only

CHANGE OF FACILITY FOR PERFORMANCE OF COMMUNITY PHARMACEUTICAL SERVICE IN TERMS OF THE PHARMACY ACT 53 OF 1974

SECTION D: <u>SUPPORTING</u> DOCUMENTATION AND APPLICABLE FEES	
I, the above applicant, submit the following in support of my application:	Mark with a ✓
a) New employment contract	<input type="checkbox"/>
b) Fee for change of facility – community pharmacist: R1 127.00 (VAT incl.)	<input type="checkbox"/>
SECTION E: DECLARATION BY APPLICANT	
I, the above applicant, declare that:	
a) I herewith include all the applicable documentation/fees mentioned in Section D above;	
b) I comply with the requirements for registration as a community service pharmacist;	
c) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and	
d) The information furnished herewith is true and correct.	
Applicant's Signature: _____	Application 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"/>
SECTION F: DECLARATION BY COMMISSIONER OF OATHS	
The abovementioned was SIGNED and SWORN TO before me at _____ (place)	
on this _____ day of _____ in the year _____, the deponent (applicant) having acknowledge that he/she knows and understands the contents of this declaration.	
SIGNATURE OF COMMISSIONER OF OATHS _____	
STAMP (compulsory)	
(Full names, capacity, address and contact details of Commissioner of Oaths)	

SAPC Electronic Payment Details (If not yet captured on Council's financial system)													
Name of Beneficiary	South African Pharmacy Council												
Name of Bank	Standard Bank of South Africa												
Account type	Cheque account												
Branch Code	0	1	0	1	4	5							
Beneficiary Account number	0	1	1	8	8	5	8	6	6				
Beneficiary Reference	Your account number ** with SAPC and surname & initials.												

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 will be invalid and all fees (excluding annual fee) that may have been paid herewith shall be forfeited
2. Your registration date will be determined by the date of receipt of a completed application form, supporting documents and fees (please refer to item 1. above)
3. Cash, postal orders and cheques will not be accepted with any application form.
4. 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

Signature _____

Date _____