

Signature___

Form is valid for **2023** only

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: customercare@sapc.za.org

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

Please use bl Return to: The Registrar, So		
SECTION A: APPLICANT'S PERSON	For office use only	
Council registration number	Council account number P	
Role type:	Community Service Pharmacist	
Surname/last name		
Title	Initials (first names)	
First names in full		
Identity number or Permit number		
Date of birth	DD/MM/YYYY	
Gender and race (refer note A)	Male Female Race Asian Black Coloured White	Note A: You are requested to
Postal address		furnish gender and race particulars to enable Council to measure
(Refer notes B and C)		transformation in the profession.
	Postal code	Note B: The postal address
Courier address		furnished herewith shall be deemed
(Refer notes B and C)	Postal code	to be the applicant's registered address <u>all correspondence and</u> certificates will be posted to this
Cell number		address
Fax number		
E-mail address		Note C: A change of address must be submitted to the registrar within
SECTION B: PARTICULARS OF THE	PREVIOUS PHARMACY	30 days of such change.
Name of pharmacy/institution approved for training		
Pharmacy registration no:	Y	
Sector of pharmacy	Private Sector Public Sector	
Branch of pharmacy	Institutional (hospital) Community	
End date with pharmacy		
SECTION C: PARTICULARS OF THE	NEW PHARMACY	
Name of pharmacy/institution approved for training		
Pharmacy registration no:	Y	
Physical address		
	Postal code	
Sector of pharmacy	Private Sector Public Sector	
	Institutional (hospital) Community	
Start date with the new pharmacy	DD/MM/YYYY	

Date____



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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															
b) Fee for change of facility – community pharmacist: R1 127.00 (VAT incl.)															
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: DD/MM/YYYY															
SECTION F: DECLARATION BY COMMISSIONER OF OATHS															
								STAMP							
The abovementioned was SIGNED and SWORN TO before me at (place)							(compulsory)								
on thisday ofin the year, the deponent (applicant) having															
acknowledge that he/she knows and understands the contents of this declaration.															
assuments and the solution of the designation.						4	(Full names, capacity, address								
SIGNATURE OF COMMISSIONER OF OATHS						à	and contact details of Commissioner of Oaths)								
SAPC Electronic Payment Details (If not yet ca	otured	d on C	ounci	l's fina	ancial	svster	n)								
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:

Signature_

- 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 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)
 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

Date