

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: customercare@sapc.za.org; Website: www.sapc.za.org

APPLICATION FOR THE RECORDING OF A PHARMACY AND ITS RESPONSIBLE PHARMACIST IN TERMS OF THE PHARMACY ACT 53 OF 1974

Please use bl Return to: The						Office Use Only
PARTICULARS OF THE PHARMACY TO BE RECORDED						
Pharmacy owner	Company	Close Corporatio	Partne	ership Sole Proprie		
Category of pharmacy to be	Community	Institutional (private)	Wholesale		Consultant Institutional Public	
recorded	C1	C13	C8	C6	C14 C2	
Full name(s) of owner (company, close corporation, person etc.)						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Owners postal address						
				Postal Code		
				ootal oodo		
Owners courier address						
				21		
				Street Code		
Have the premises ever been registered as a pharmacy with the South African Pharmacy Council?	Yes No		what was ation num		Y	
If yes, what was the former trading title of the pharmacy recorded with						
Council?	Vaa I N				Ves Ne	
Is the pharmacy currently approved for training?	Yes No	prem	he layout o ise been a oval was g	Iltered since	Yes No	
New pharmacy name (Proposed trading title)						
Alternative trading title	Alternative trading title	e title in the le is not app	event that roved by 0	the previously Council	/ proposed	
Pharmacy postal address						
				Postal c	ode	
Pharmacy physical address						
(as it appears on the licence)						
			<u> </u>	Street co	ode	
Courier address						
			+++	+ + + +		

pp	olicant′s	signature	!			
	pp	pplicant's	pplicant′s signature	pplicant's signature	pplicant's signature	pplicant's signature

D	ate	,							



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Applicant's signature_____

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	Street code							
Pharmacy telephone number								
Pharmacy fax number (<u> </u>							
Pharmacy e-mail address								
Date of the intended opening of the pharmacy								
licence, but prior to the provision of an	Note: All documentation must be submitted to the Registrar within 30 days from the date of issue of a licence, but prior to the provision of any pharmaceutical services from this premises in terms of Regulation 8(4) of the Regulations relating to the Ownership and Licensing of Pharmacies.							
PARTICULARS OF THE RESPONS	IBLE PHARMACIST FOR THE ABOVE PHARMACY							
Pharmacist Registration No.	Pharmacist Account No (if available)							
Surname/Last Name								
Title	Initials (First Names)							
First Names In Full								
Cell number								
Identity Number								
Date of appointment as responsible pharmacist								
SUPPORTING DOCUMENTATION AI	ND APPLICABLE FEES							
I, the above applicant, submit the fol	Mark lowing in support of this application: with a							
a) a cinnad latter as firming recipro	ation and data of recipration (agh, if applicant is							
currently registered as the respo	ation and date of resignation (only if applicant is onsible pharmacist of another pharmacy							
pharmacy	is the responsible pharmacist of the above							
c) a copy of a VAT certificate;								
d) a signed letter of acceptance of the above appointment in which the above responsible pharmacist declares that he/she accepts such appointment, as well as the duties and responsibilities of a responsible pharmacist as set out in Regulation								
28 of the REGULATIONS RELA	28 of the REGULATIONS RELATING TO THE PRACTICE OF PHARMACY							
e) 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								
f) recording fee – pharmacy (Paya	ble with every recording): R14, 310.00 (VAT incl.)							
g) recording fee – owner (Payable with every recording): R2, 713.00 (VAT incl.)								
h) recording fee – responsible pharmacist (payable with all new applications, change of ownership, relocation and or change of trading title): R2, 658.00 (VAT incl.)								
i) annual fee – pharmacy								
community or institutiona consultant pharmacy: R 4	al: R4,315.00 (VAT incl.) 4,040.00 (VAT incl.)							
OR	OR Sing phormagy:							
wholesale or manufactur R16 852.00 (VAT incl.)	ппурпаппасу.							
j) annual fee- responsible pharm	acist: R372.00 (VAT incl.)							

Date_____





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DECL	ARATION BY THE RESPONSIBLE PHARMACIST				
I, dec	lare that: -				
a)	I herewith include the applicable documentation/fee(s);				
b)	b) the above pharmacy will be conducted under the direct personal supervision of a responsible pharmacist;				
c)	c) the above pharmacy will be conducted in accordance with good pharmacy practice guidelines as published by Council;				
d)	d) the information furnished herewith is true and correct.				
Respor	nsible Pharmacist's Signature: Date: Date:				

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

ADOPTING AND USING A TRADING TITLE FOR A PHARMACY 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.
- Payments 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.
- Payments 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.
- 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