



# 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) 321-1479/92; E-mail: customercare@sapc.za.org

Form is valid  
for **2024** only

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## APPLICATION FOR THE APPROVAL OF CHANGE OF TRADING TITLE IN TERMS OF SECTION 35A OF THE PHARMACY ACT 53 OF 1974

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council

### SECTION A: PARTICULARS OF THE PHARMACY AS RECORDED WITH COUNCIL

|   |           |                         |                        |                         |               |             |       |
|---|-----------|-------------------------|------------------------|-------------------------|---------------|-------------|-------|
| Pharmacy Owner  | Company   | Close Corporation       | Partnership            | Sole Proprietor         | Trust         | State       | Other |
| Recorded category of pharmacy   | Community | Institutional (private) | Institutional (public) | Wholesale               | Manufacturing | Consultant  |       |
| Full name(s) of owner (company, close corporation, partnership, etc.) |           |                         |                        |                         |               |             |       |
| Recorded pharmacy name  |           |                         |                        | Pharmacy account number | Y             |             |       |
| Owner physical address  |           |                         |                        |                         |               | Street code |       |
| Owner postal or courier address                                       |           |                         |                        |                         |               | Street code |       |
| Pharmacy telephone number   |           |                         |                        |                         |               |             |       |
| Pharmacy fax number   |           |                         |                        |                         |               |             |       |
| Pharmacy e-mail address   |           |                         |                        |                         |               |             |       |
| Previous trading title  |           |                         |                        |                         |               |             |       |
| Proposed trading title  |           |                         |                        |                         |               |             |       |
| Reason for change of trading title                                    |           |                         |                        |                         |               |             |       |

### SECTION B: PARTICULARS OF THE RESPONSIBLE PHARMACIST (RP) FOR THE ABOVE PHARMACY

|                                    |  |                                  |                        |  |
|------------------------------------|--|----------------------------------|------------------------|--|
| RP Registration Number             |  | RP Account number (if available) | P                      |  |
| Surname/Last Name                  |  |                                  |                        |  |
| Title                              |  |                                  | Initials (First Names) |  |
| First Names in Full                |  |                                  |                        |  |
| Cell number                        |  |                                  |                        |  |
| E-mail address                     |  |                                  |                        |  |
| Identity number OR Passport number |  |                                  |                        |  |

### SECTION C: PARTICULARS OF THE APPLICANT (to be completed only if the applicant is not the RP)

|                                    |  |  |                        |
|------------------------------------|--|--|------------------------|
| Surname/Last Name                  |  |  |                        |
| Title                              |  |  | Initials (First Names) |
| First Names in Full                |  |  |                        |
| Cell number                        |  |  |                        |
| E-mail address                     |  |  |                        |
| Identity number OR Passport number |  |  |                        |

### SECTION D: SUPPORTING DOCUMENTS AND APPLICABLE FEES

|  |               |
|--|---------------|
| I, the above 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 the liaising person; |               |
| (b) Letter of authority  |               |
| (c) Affidavit that there has been no change of membership or shareholding  |               |
| (d) Evaluation fee for change of trading title – R2,493.00 (VAT incl).   |               |

### SECTION E: DECLARATION BY THE APPLICANT / RESPONSIBLE PHARMACIST

|  |  |  |  |       |   |   |   |   |   |   |   |   |   |   |
|--|--|--|--|-------|---|---|---|---|---|---|---|---|---|---|
| I, declare that: -   |  |  |  |       |   |   |   |   |   |   |   |   |   |   |
| (a) I herewith include the applicable documentation/fee(s);  |  |  |  |       |   |   |   |   |   |   |   |   |   |   |
| (b) the company details have not changed i.e. members/shareholders and company name                                    |  |  |  |       |   |   |   |   |   |   |   |   |   |   |
| (c) the above pharmacy will be conducted under the direct personal supervision of a responsible pharmacist;            |  |  |  |       |   |   |   |   |   |   |   |   |   |   |
| (d) the above pharmacy will be conducted in accordance with good pharmacy practice guidelines as published by Council; |  |  |  |       |   |   |   |   |   |   |   |   |   |   |
| (e) the information furnished herewith is true and correct.  |  |  |  |       |   |   |   |   |   |   |   |   |   |   |
| Owner or Responsible Pharmacist's Signature  |  |  |  | Date: | D | D | / | M | M | / | Y | Y | Y | Y |

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

**APPLICATION FOR THE APPROVAL OF CHANGE OF TRADING TITLE IN TERMS OF SECTION  
35A OF THE PHARMACY ACT 53 OF 1974**

*Refer to the criteria for evaluation of trading title available in the Good Pharmacy Practice manual*

**PROCESS FOR APPROVAL OF CHANGE OF NAME OF TRADING TITLE**

**Process for evaluation of the application for the approval of the change of address without relocation and recording of the amended pharmacy licence after change of address**

1. Applicant must then complete the attached form and attach all supporting documents
2. Upon evaluation of the application form and satisfactory assessment, SAPC will issue a GPP for change of trading title.
3. Applicant must complete the form named: ***“Application for reprint of pharmacy licence after change in trading title”*** and send the application form together with all supporting documents as per application form to the NDOH.
4. NDOH will issue an amended licence.
5. Applicant must then complete form named: ***“Application for the recording of the pharmacy after change of trading title in terms of the Pharmacy Act 53 of 1974, and*** attach all supporting documents.

**PLEASE NOTE:**

1. Application will only be processed if the annual fees for the pharmacy are up to date.
2. 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.
3. Payments made at Council offices by credit card/debit card, direct bank deposits, EFT from a Standard Bank account, the approval letter can be issued the same day.
4. 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
5. Cash, postal orders and cheques will not be accepted with any application form.
6. 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.
7. All documents must be submitted to the Office of the Registrar within 30 days from the date of issue of an amended licence.

**Please note that an authorization letter and the particulars of the person making an application on behalf of the owner will be required in case where the owner is not making an application himself/herself**

**ADOPTING AND USING A TRADING TITLE FOR A PHARMACY WITHOUT THE PRIOR WRITTEN APPROVAL OF COUNCIL  
IS DEEMED TO BE UNETHICAL OR UNPROFESSIONAL CONDUCT**

Applicant's signature\_\_\_\_\_

Date\_\_\_\_\_