



South African Pharmacy Council

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Form is valid for
2024 only

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Passport number		
REASONS FOR CLOSURE Choose one of the reasons below or specify the reason for closure a) Financial reasons b) Liquidation c) Pricing regulations d) Property sold e) No responsible pharmacist f) Owners request g) Others, please specify _____		
		Mark with a ✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SUPPORTING DOCUMENTATION		
I, the above applicant, submit the following in support of this application: a) a copy of the licence to own a pharmacy issued by the department of Health in terms of the Pharmacy Act 53 of 1974 as amended b) a list of all tutors, Interns and learners (each with his or her role type) that are currently practising in this facility; c) a legal document containing a list of shareholders, members, trustees etc, or a document signed by shareholders appointing you as a liaising personnel (except In case of a sole proprietorship) .		
		Mark with a ✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DECLARATION BY THE OWNER OR RP		
I, declare that: - a) I herewith include the applicable documentation; b) I am the RP or sole owner of the pharmacy or have been empowered by the company, members or trustees etc, to request the Council to close the above mentioned pharmacy. c) the information furnished herewith is true and correct.		
RP or Owners Signature: <input type="text"/>		
Date: <input type="text"/> / <input type="text"/> / <input type="text"/>		

Applicant's signature _____

Date _____