



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: <a href="mailto:customercare@sapc.za.org">customercare@sapc.za.org</a>; Website: <a href="www.sapc.za.org">www.sapc.za.org</a>

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## APPLICATION FOR THE CLOSURE OF A PHARMACY IN TERMS OF THE PHARMACY ACT 53 OF 1974

Please use b Return to: Th	lack ink and complete in BLOCK CAPITALS. ie Registrar, South African Pharmacy Council	Office Use Only			
PARTICULARS OF THE OWNER AND THE PHARMACY TO BE ERASED					
Pharmacy owner	Company Close Corporation Partnership Sole Proprietor Trust State				
Category of pharmacy	Community Institutional (private) C1 C13 C8 Manufacturing Consultant Public C2				
Full name(s) of owner (company, close corporation, person etc.)	Pharmacy account number Y				
	- Hamas, assaul Hamas				
Trading title of the pharmacy as recorded with Council?					
Pharmacy physical address (as recorded with Council)	Street code				
Pharmacy telephone number					
Pharmacy fax number	(				
Pharmacy e-mail address					
when was or is the pharmacy intending to cease trading					
PARTICULARS OF THE RESPONSIBLE PHARMACIST (RP)					
RP Reg Number	RP Account number (if available)				
Surname/Last Name					
Title	Initials (First Names)				
First Names In Full					
Cell number					
E-mail address					
Courier address					
Identity Number or					

Applicant's	signature	Date



Form is valid for **2024** only

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Passport number				
r assport number				
REASONS FOR CLOSURE				
Choose one of the reasons below or  a) Financial reasons  b) Liquidation  c) Pricing regulations  d) Property sold  e) No responsible pharmacist  f) Owners request  g) Others, please specify	specify the reason for closure	Mark with a ✓		
SUPPORTING DOCUMENTATION				
I, the above applicant, submit the follo	owing in support of this application:	Mark with a ✓		
a copy of the licence to own a pi terms of the Pharmacy Act 53 of	harmacy issued by the department of Health in 1974 as amended			
b) a list of all tutors, Interns and le currently practising in this facility	arners (each with his or her role type) that are			
c) a legal document containing a list document signed by shareholder case of a sole proprietorship).	st of shareholders, members, trustees etc, or a s appointing you as a liaising personnel (except Ir			
DECLARATION BY THE OWNER OR	RP			
I, declare that: -				
a) I herewith include the applicable	a) I herewith include the applicable documentation;			
<ul> <li>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.</li> </ul>				
c) the information furnished herewi				
RP or Owners Signature:	Date: DD/MM	YYYY		