

Form is valid for **2024** only

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) 3211479/92; E-mail: customercare@sapc.za.org

APPLICATION FOR THE RE-RECORDING OF A PHARMACY AFTER CHANGE OF TRADING TITLE IN TERMS OF THE PHARMACY ACT 53 OF 1974

Please use b Return to: Th	Office Use Only				
PARTICULARS OF THE PHARM					
Pharmacy owner	Company	Close Corporation Partne	rship Sole Trust State		
Category of pharmacy to be recorded		Institutional (private) C13 Wholesale C8	Manufacturing Consultant Rublic C6 C14 C2		
Full name(s) of owner (company, close corporation, person etc.)					
Owners postal address					
		P	ostal Code		
Owners courier address					
		S	treet Code		
Have the premises ever been registered as a pharmacy with the South African Pharmacy Council?	Yes No	If yes, what was registration numb			
If yes, what was the former trading title of the pharmacy recorded with Council?					
Is the pharmacy currently approved for training?	Yes No	Has the layout of premise been all approval was gr	tered since		
Previous name of pharmacy					
New pharmacy name					
Pharmacy postal address					
Dhawaa ay talankana munkan			Postal code		
Pharmacy telephone number		<u> </u>			
Pharmacy fax number () -					
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 <i>Regulations relating to the Ownership and Licensing of Pharmacies</i> .					

Applicant's signature	Date



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APPLICATION FOR THE RE-RECORDING OF A PHARMACY AFTER CHANGE OF TRADING TITLE

IN TERMS OF THE PHARMACY ACT 53 OF 1974					
PARTICULARS OF THE RESPONSIBLE 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 Duly MM / Y Y Y Y					
SUPPORTING DOCUMENTATION AND APPLICABLE FEES					
I, the above applicant, submit the following in support of this application: Mark with a ✓					
(a) a copy of the old pharmacy recording certificate in terms of the Pharmacy Act, 1974 (Act 53 of 1974)					
(b) a copy of the new licence issued after change of trading title by the Department					
of Health in terms of the Pharmacy Act, 1974 (Act 53 of 1974) as amended (c) recording fee – pharmacy (Payable with every recording): R14,310.00(VAT incl.)					
(d) recording fee – owner (Payable with every recording): R2,713.00 (VAT incl.)					
(e) recording fee – responsible pharmacist (payable with all new applications, change of ownership, relocation and or change of trading title): R2,658.00(VAT incl.)					
(f) annual fee – pharmacy					
community or institutional: R4,315.00 (VAT incl.) consultant pharmacy: R4,040.00 (VAT incl.)					
OR OR					
wholesale or manufacturing pharmacy: R16,852.00(VAT incl.)					
(g) annual fee– responsible pharmacist: R372.00 (VAT incl.)					
DECLARATION BY THE RESPONSIBLE PHARMACIST					
I, declare that: -					
a) I herewith include the applicable documentation/fee(s);b) the above pharmacy will be conducted under the direct personal supervision of a responsible					
pharmacist; c) the above pharmacy will be conducted in accordance with good pharmacy practice guidelines as					
published by Council;					
d) the information furnished herewith is true and correct.					
Responsible Pharmacist's Signature: Date: Date:					
 Process and Criteria for re-recording of change of trading title Applicant must first apply for change of trading title with the SAPC by completing and submitting a form named "Applicatitle in terms of the Pharmacy Act 53 of 1974" The SAPC will issue a GPP for change of trading title Applicant must complete the form named: "Application for reprint of pharmacy licence after change in trading title with all supporting documents as per application form to the NDOH; NDOH will issue an amended licence Applicant must then complete the attached form and attach all supporting documents 					

- 1. 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.
- 2. 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.
- 3. 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 4. Cash, Postal orders and Cheques will not be accepted with any application form.
- 5. 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