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Form is valid for
2024 only

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

Applicant's signature _____ Date _____



PARTICULARS OF THE RESPONSIBLE PHARMACIST FOR THE ABOVE PHARMACY

Pharmacist Registration No.	<input type="text"/>	Pharmacist Account No (if available)	<input type="text"/>
Surname/Last Name	<input type="text"/>		
Title	<input type="text"/>	Initials (First Names)	<input type="text"/>
First Names In Full	<input type="text"/>		
Cell number	<input type="text"/>		
Identity Number	<input type="text"/>		
Date of appointment as responsible pharmacist	<input type="text"/>		

SUPPORTING DOCUMENTATION AND APPLICABLE FEES

Mark with a ✓	
I, the above applicant, submit the following in support of this application:	
(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	
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:

D	D	/	M	M	/	Y	Y	Y	Y
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Process and Criteria for re-recording of change of trading title

1. Applicant must first apply for change of trading title with the SAPC by completing and submitting a form named ***“Application for the change of name of trading title in terms of the Pharmacy Act 53 of 1974”***
2. The 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 the attached form and attach all supporting documents

PLEASE NOTE:

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 _____