



591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
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Form is valid for
2024 only

APPLICATION FOR THE RECORDING OF A PHARMACY AFTER 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		Office Use Only						
PARTICULARS OF THE PHARMACY TO BE RECORDED								
Pharmacy owner	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width: 16%;">Company</td> <td style="width: 16%;">Close Corporation</td> <td style="width: 16%;">Partnership</td> <td style="width: 16%;">Sole Proprietor</td> <td style="width: 16%;">Trust</td> <td style="width: 16%;">State</td> </tr> </table>		Company	Close Corporation	Partnership	Sole Proprietor	Trust	State
Company	Close Corporation	Partnership	Sole Proprietor	Trust	State			
Category of pharmacy to be recorded	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 16%;">Community C1</td> <td style="width: 16%;">Institutional (private) C13</td> <td style="width: 16%;">Wholesale C8</td> <td style="width: 16%;">Manufacturing C6</td> <td style="width: 16%;">Consultant C14</td> <td style="width: 16%;">Institutional Public C2</td> </tr> </table>		Community C1	Institutional (private) C13	Wholesale C8	Manufacturing C6	Consultant C14	Institutional Public C2
Community C1	Institutional (private) C13	Wholesale C8	Manufacturing C6	Consultant C14	Institutional Public C2			
Full name(s) of owner (company, close corporation, person etc.)	<table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table>							
Owner's physical address	<table border="1" style="width: 100%; height: 40px;"></table> <table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 40%;"></td> <td style="width: 20%; text-align: center; font-size: x-small;">Postal Code</td> <td style="width: 40%;"></td> </tr> </table>			Postal Code				
	Postal Code							
Owners courier	<table border="1" style="width: 100%; height: 40px;"></table> <table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 40%;"></td> <td style="width: 20%; text-align: center; font-size: x-small;">Street Code</td> <td style="width: 40%;"></td> </tr> </table> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%; font-size: x-small;">Pharmacy Y Number</td> <td style="width: 5%; text-align: center; font-size: x-small;">Y</td> <td style="width: 45%;"></td> </tr> </table>			Street Code		Pharmacy Y Number	Y	
	Street Code							
Pharmacy Y Number	Y							
Previous trading title	<table border="1" style="width: 100%; height: 20px;"></table>							
New trading title	<table border="1" style="width: 100%; height: 20px;"></table>							
Pharmacy postal address	<table border="1" style="width: 100%; height: 40px;"></table> <table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 40%;"></td> <td style="width: 20%; text-align: center; font-size: x-small;">Postal code</td> <td style="width: 40%;"></td> </tr> </table>			Postal code				
	Postal code							
PARTICULARS OF THE RESPONSIBLE PHARMACIST FOR THE ABOVE PHARMACY								
Pharmacist Registration No.	<table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%; font-size: x-small;">Pharmacist Account No (if available)</td> <td style="width: 5%; text-align: center; font-size: x-small;">P</td> <td style="width: 45%;"></td> </tr> </table>		Pharmacist Account No (if available)	P				
Pharmacist Account No (if available)	P							
Surname/Last Name	<table border="1" style="width: 100%; height: 20px;"></table>							
Title	<table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 40%; text-align: center; font-size: x-small;">Initials (First Names)</td> <td style="width: 60%;"></td> </tr> </table>		Initials (First Names)					
Initials (First Names)								
First Names In Full	<table border="1" style="width: 100%; height: 20px;"></table>							
Cell number	<table border="1" style="width: 100%; height: 20px;"></table>							
Identity Number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 30%;"></td> <td style="width: 5%; text-align: center; font-size: x-small;">-</td> <td style="width: 30%;"></td> <td style="width: 5%; text-align: center; font-size: x-small;">-</td> <td style="width: 30%;"></td> </tr> </table>			-		-		
	-		-					

Applicant's signature

Date _____



South African Pharmacy Council

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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)	<input type="checkbox"/>
b) a copy of the amended licence issued after change of trading title by the Department of Health in terms of the Pharmacy Act, 1974 (Act 53 of 1974)	<input type="checkbox"/>
c) change of trading title fee – R8, 077.00 (VAT incl).	<input type="checkbox"/>
NOTE: SAPC will issue a new certificate for the pharmacy, owner and responsible pharmacist	
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:	<input type="text"/> <div> <div>DD</div> <div>/</div> <div>MM</div> <div>/</div> <div>YYYY</div> </div>

- Fees subject to change without further notification.

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 **"Application approval trading title in terms of the Pharmacy Act 53 of 1974"**
- Upon evaluation of the application form and satisfactory assessment, SAPC will issue a GPP for change of name and or trading title.
- 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.
- NDOH will issue an amended **licence**.
- Applicant must then complete the attached form and attach all supporting documents

PLEASE NOTE:

- Application will only be processed if the annual fees for the pharmacy are up to date;
- 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.
- 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.
- 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.
- Cash, Postal orders and Cheques will not be accepted with any application form.
- 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.
- 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 *Regulations relating to the Ownership and Licensing of Pharmacies*.

Applicant's signature _____

Date _____