

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) 321-1479/92; E-mail: customercare@sapc.za.org

Form is valid for **2024** only

## **TEMPORARY RELOCATION APPLICATION**

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council													
SECTION A: PARTICULARS OF THE PHARMACY AS RECORDED WITH COUNCIL  Pharmacy Owner Company Close Corporation Partnership Sole Proprietor Trust State Other													
Pharmacy Owner	' '	Company Close Corporation Partnership Sole Proprietor Trust State Institutional Institutional Manufacturing Company											
Category of pharmacy Full name(s) of owner	Community (private) (public) Wholesale						M	anuf	Co	nsulta	ant		
(company, close corporation,													
partnership, etc.)													
Pharmacy name			F	Pharmacy acc	ount number			Υ					
Pharmacy physical address			'	Tidiffidoy doc	ount mamber								
(as recorded/registered with Council)							S	treet	code				
Temporary physical address							s	treet	code				
Approximate distance from recorded/registered address of the pharmacy													
Reason for relocation e.g. natural disaster, fire, looting (rioting/unrest), renovation, etc. including substantiated proof													
Estimated duration at temporary location													
Pharmacy telephone number (temporary location)													
Pharmacy e-mail address													
SECTION B: PARTICULARS O	F THE RESPONS	SIBLE PHARMACIS	ST (RP		<b>IBOVE PHAI</b> Int number (i				PULS	DRY)			
RP Registration Number					ailable)		P						
Surname/Last Name					1			,					
Title					Initials (F	ırst N	lame	es)					
First Names in Full													
Cell number													
E-mail address													
Identity number OR Passport number													
SECTION C: PARTICULARS O Surname/Last Name	F THE APPLICA	NT (to be complete	ed only	y if the appli	cant is not t	he Ri	P)						
Title					Initials (F	irst N	lame	)   					
					111111111111111111111111111111111111111		unic	,0,					
First Names in Full													
Cell number													
E-mail address													
Identity number OR Passport number													
SECTION D: SUPPORTING DO	CUMENTS												
I, the above applicant, submit th	e following in supp	port of this application	on:									wit	ark h a
(a) a legal document containing you as liaising personnel (e	g a list of sharehol	lders, members, trus	stees e	etc., or a docu	ment signed	by sh	narel	nolde	ers appo	ointin	g		
(b) Documented proof substant	tiating reasons for		,										
<ul><li>(c) floor plan of the temporary s</li><li>(d) an authorization letter and the</li></ul>		e person making an	applica	ation on behal	f of the owne	r (If th	ne ap	plica	ınt is no	t the			
owner/RP).	•												
SECTION E: DECLARATION E  I, declare that: -	SY THE APPLICA	ANT / RESPONSIB	LE PH	1ARMACIST									
(a) the information furnished he	erewith is true and	d correct.											
Full name of Applicant or Res Pharmacist:	ponsible	Signature of App Responsible Pha			Date:	D	О	/	ММ	/	Υ	Y	Y
L		l				1				<u> </u>			I



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## PROCESS FOR EVALUATION OF TEMPORARY RELOCATION APPLICATION

- 1. Applicant must complete the attached form and attach all supporting documents
- 2. Upon evaluation of the application form and satisfactory assessment, SAPC will issue a GPP recommendation.
- 3. An inspection will be conducted at the approved temporary location.

## PLEASE NOTE:

- 1. Application will only be processed if the annual fees for the pharmacy are up to date.
- 2. This application is valid for 30 days from date of receipt by the Office of the Registrar. Should you fail to submit all the required supporting documentation within 30 days of this application the application shall be rendered void.
- 3. The SAPC 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.