



South African Pharmacy Council

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Form is valid
for **2024** only

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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
Category of pharmacy	Community	Institutional (private)	Institutional (public)	Wholesale	Manufacturing	Consultant	
Full name(s) of owner (company, close corporation, partnership, etc.)							
Pharmacy name				Pharmacy account number	Y		
Pharmacy physical address (as recorded/registered with Council)						Street code	
Temporary physical address						Street 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 OF THE RESPONSIBLE PHARMACIST (RP) FOR THE ABOVE PHARMACY (COMPULSORY)

RP Registration Number		RP Account number (if available)	P	
Surname/Last Name				
Title			Initials (First Names)	
First Names in Full				
Cell number				
E-mail address				
Identity number OR Passport number				

SECTION C: PARTICULARS OF THE APPLICANT (to be completed only if the applicant is not the RP)

Surname/Last Name				
Title			Initials (First Names)	
First Names in Full				
Cell number				
E-mail address				
Identity number OR Passport number				

SECTION D: SUPPORTING DOCUMENTS

I, the above applicant, submit the following in support of this application:	Mark with a ✓
(a) a legal document containing a list of shareholders, members, trustees etc., or a document signed by shareholders appointing you as liaising personnel (except in case of a sole proprietorship).	
(b) Documented proof substantiating reasons for relocation	
(c) floor plan of the temporary site.	
(d) an authorization letter and the particulars of the person making an application on behalf of the owner (If the applicant is not the owner/RP).	

SECTION E: DECLARATION BY THE APPLICANT / RESPONSIBLE PHARMACIST

I, declare that: -												
(a) the information furnished herewith is true and correct.												
Full name of Applicant or Responsible Pharmacist:	Signature of Applicant or Responsible Pharmacist:	Date:	D	D	/	M	M	/	Y	Y	Y	Y

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