

APPLICATION FOR THE APPROVAL OF PHARMACY PREMISES – INTERNAL CHANGES IN TERMS OF THE PHARMACY ACT, 1974 (ACT 53 OF 1974)

| Please print and use black ink to complete | | | | | | | | | | | | | | |
|---|---|-------|-------|------|-------------------|---|---------|-------------|--|--|----|--------------------|---|---|
| SECTION A: PARTICULARS OF PHARMACY OWNER | | | | | | | | | | | | | | |
| Pharmacy Owner | С | ompa | ny | Clo | Close Corporation | | | Partnership | | | | Sole Proprietor | | |
| Identity Number of Owner | | | | | | | | | | | | | | |
| Company /* Close Corporation Registration Number | | | | | | | | | | | | | | |
| Full Name(s) of Applicant/Responsible Pharmacist | | | | | | | | | | | | | | |
| Identity Number of Applicant | | | | | | | | | | | | | | |
| Category of premises to be APPROVED | | Cor | nmuni | ity | | | Institu | utional | | | Co | Consultant | | |
| Full Names of Owners/Company/Close | | | | | | | | | | | | | | |
| Corporation | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Contact Address | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Telephone Number | | | | | | | | | | | | | | |
| E-mail address | | | | | | | | | | | | | | |
| | | | 0107 | - | | | | | | | | | | |
| SECTION B: PARTICULARS OF RESPONSIBLE I | | RIVIA | | | | | | | | | - | 1 | 1 | 1 |
| Full Names of Responsible Pharmacist | | | | | | | | | | | _ | | | |
| | | | | | | | | | | | | | | |
| Contact Address | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | С | ode | | | | | | | |
| | | | | | | | | | | | | | | |
| Courier Address | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | Code | | | | | | | | | | |
| Cell phone number | | | | | | | | | | | | | | |
| Telephone number | | | | | | | | | | | | | | |
| E-mail address | | | | | | | | | | | | | | |
| Qualification | | | | | | | | | | | | | | |
| Registration Number with the South African Pharmacy Council | | | | | | | | | | | | | | |
| Identity Number of Responsible Pharmacist | | | | | | | | | | | | | | |
| * NB MUST BE INDICATED ON PHARMACY PLAN * | | | | | | | | | | | | | | |





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; E-mail: customercare@sapc.za.org

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|---|---|-------------|------|-------|------|-----|-----|-------|--------|-------|---------|-------|-------|-------|------|------|--|----------|-----|---|----------------|
| SECTION C: PARTICULARS OF PREMISES | | | | | | | | | | | | | | | | | | | | | |
| * Pharmacy Name | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Postal Address of | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Premises | | | | | | | | | | | | | | | _ | | | | _ | | |
| | | Postal Code | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| * Physical Address of Premises | | | | | | | | | | | | | | | _ | | | | | | |
| Fiemises | | | Code | | | | | | | | | | | | _ | | | | | | |
| | | | _ | | | | | | 1 | | | 1 | | | + | | | | + | | |
| | | | | | | | | | | | | | | | _ | | | | | | |
| Courier Address of Premises | | | | | | | | | | | | | | | _ | | | | | | |
| | | | | | | | | | | Co |) de | | | | - | | | | - | | |
| Contact Telephone | | | | | | | | | | | | | | | | | | | | | |
| Number | | | | | | | - | | | _ | | | - | | | | | | | | |
| Contact Fax Number | | | | | | | - | | | | | | - | | | | | | | | |
| E-mail address | | | | | | | | | | | | | | | | | | | | | |
| Supply current Licence Number | | | | | | | | | | | | | | | | | | | | | |
| SECTION D: INFORMATIC | N | OF | PR | EN | IISE | S | | | | | | | | | | | | | | | |
| I the above applicant dec | lar | e th | nat: | 1 | | | | | | | | | | | | | | | | | |
| 1. The size of the premises | | | | | | | | | | | | | | | | | | | | | m ² |
| 2. A responsible pharmaci | st v | vill | be | pres | sent | at | all | time | s dur | ing b | ousin | ess h | ours | | | | | <u> </u> | Yes | | No |
| Key, key card or other d the pharmacy, is kept or | | | | | | | | | | | | | allow | /s a | cces | s to | | , | Yes | | No |
| Only the pharmacist(s) h kept. | nas | ke | ys | to tł | ne p | har | rma | icy a | area v | vhere | e sch | edule | ə 1 — | 6 ite | ems | are | | , | Yes | | No |
| 5. Control of access to pharmacy premises, which include the design and layout of the pharmacy, is of such a nature that only registered pharmacy personnel have direct | | | | | | | | | | Yes | | No | | | | | | | | | |
| access to medicine.*6. There is sufficient security to prevent unauthorised access to medicines. | | | | | | | | | | | 1, | Yes | | No | | | | | | | |
| 7. The pharmacy will be suitably located in the institution (Institutional pharmacies only) | | | | | | | | | | | | ` | Yes | | No | | | | | | |
| 8. The dispensary is suitab | | | | | | • | | | | | | | | | | | | - | Yes | + | No |
| 9. The pharmacy is accessible to persons with disabilities. | | | | | | | | | | | | | | Yes | | No | | | | | |
| 10.* There is/ will be a separate facility for washing hands * | | | | | | | | | | | _ | Yes | + | No | | | | | | | |
| 11.*There is/ will be a separate facility for cleaning of equipment * | | | | | | | | | | | | Yes | + | No | | | | | | | |
| 12. The premises will be kept clean, orderly and tidy Yes No | | | | | | | | | | No | | | | | | | | | | | |
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| Please print and use black ink to complete | | | | | | | | | | |
|--|-----|----|--|--|--|--|--|--|--|--|
| SECTION E: INFORMATION OF PREMISES - CONTINUED | | | | | | | | | | |
| 13. The floor surface will be of impermeable material. | Yes | No | | | | | | | | |
| 14. All working surfaces will be finished with a smooth impermeable and washable material. | Yes | No | | | | | | | | |
| All countertops and shelves will be finished with a smooth, impermeable and washable material which is easy to keep clean. | Yes | No | | | | | | | | |
| 16. Walls are finished with a smooth, impermeable and washable material, which is easy to keep clean. | Yes | No | | | | | | | | |
| 17. There will be sufficient and adequate lighting. | Yes | No | | | | | | | | |
| 18. There is an air conditioner in the pharmacy which is in good working condition. | Yes | No | | | | | | | | |
| 19. The temperature in the dispensary will be below 25 ° C. | | | | | | | | | | |
| 20. There is at least one fire extinguisher or fire hose in the pharmacy. | | | | | | | | | | |
| 21. The dispensing surface area is sufficient for the volume of prescriptions dispensed. A clear working surface area of at least 90cm to 1m must be provided for each pharmacist or other persons registered with Council who work in the dispensary. | | | | | | | | | | |
| 22. There will be a suitable waiting area, in accordance with Good Pharmacy Practice (GPP) guidelines.* | Yes | No | | | | | | | | |
| 23. There is a suitable waiting area, which is under cover or inside the pharmacy. | Yes | No | | | | | | | | |
| 24. The waiting area is situated near:* | | | | | | | | | | |
| 24.1 the dispensary | | | | | | | | | | |
| 24.2 areas for counselling and the furnishing of information. | | | | | | | | | | |
| 25. The waiting area has comfortable seating. | | | | | | | | | | |
| 26. There will be a suitable semi-private area for consultation per dispensing point in accordance with GPP 2.31.2 (13). * | | | | | | | | | | |
| 27. There is a suitable private area for the provision of information and advice, in accordance with GPP standards. * | | | | | | | | | | |
| 28. There is a suitable area for the screening and performing of tests.* | Yes | No | | | | | | | | |
| 29. The professional image of the dispensing area is not affected by the display of commercial material not directly linked with health. | Yes | No | | | | | | | | |
| 30. The pharmacy is designated as a non-smoking area. | Yes | No | | | | | | | | |
| 31. The receiving area for deliveries will be clearly defined and separated from the rest of the pharmacy.* | Yes | No | | | | | | | | |
| 32. A fridge for heat sensitive pharmaceuticals and vaccines will be available.* | Yes | No | | | | | | | | |
| 33. There is a suitable separate facility that comply with GMP standards where compounding is carried out.* | Yes | No | | | | | | | | |
| 34. There is a suitable separate facility that complies with GMP standards where pre-packing is carried out. | Yes | No | | | | | | | | |
| 35. Access to the premises will be (Mark with X – indicate only one)* | | | | | | | | | | |
| Via independent entrance to and from the premisesShare joint entrance with another/adjoining premisesBoth independent | d | | | | | | | | | |
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|---|---|------|--------|-------|------------------------|---|----------------|---|-------|---|----------------|--|--|--|
| SEC | TION E: SUPPORTING DOCUM | ENT | ATION | | | | | | | | MARK VITH X | | | |
| The | The following documentation is submitted in support of this application: | | | | | | | | | | | | | |
| 1. | Copy of the site plan and floor plan of the building indicating the location of the pharmacy premises in relation to adjoining or surrounding business and access to and from the premises. | | | | | | | | | | | | | |
| 2. | premises drawn to scale with exact measurements, in which points 10, 11, 22, 26, 27 and 32 indicated in SECTION E can be clearly identified. | | | | | | | | | | | | | |
| 3. | In case of a Close Corporation the latest CK2 (as approved) | | | | | | | | | | | | | |
| 4. | In case of a company a copy of the Certificate of Incorporation (Change of Name Certificate if applicable) and the latest CM29. | | | | | | | | | | | | | |
| 5. | . Schedules from the auditors certifying the names of the directors and shareholders. | | | | | | | | | | | | | |
| 6. | 6. A proof of payment for the fees as published in the Government Gazette made payable to the South African Pharmacy Council (R3,389.00) | | | | | | | | | | | | | |
| SEC | SECTION F: DECLARATION BY THE APPLICANT | | | | | | | | | | | | | |
| (i) (ii) (iii) (iv) | days of such changes. (iii) The information furnished herewith is true and correct. | | | | | | | | | | | | | |
| | APPLICANT'S SIGNATURE: | | | | | | | | | | | | | |
| | DATE: | D | D | - | Μ | M | | Y | Y | Y | Y | | | |
| SEC | CTION G: DECLARATION BY CO | MMIS | SSIONE | ER OF | OATHS | | | | | | | | | |
| | GNED and SWORN at | | | | | | | | STAMP | | | | | |
| yea ack | on this day of in the year, the deponent(applicant) having acknowledged that he/she knows and understands the contents of this declaration | | | | | | | | | | | | | |
| SIGNATURE OF COMMISSIONER OF OATHS : DATE: | | | | | | | | | | | | | | |
| | | | | | city, addı issioner | | l contact s | | | | | | | |
| 0 | ONLY ORIGINAL DOCUMENTATION OR CERTIFIED COPIES WHERE APPLICABLE WILL BE ACCEPTED BY THE SOUTH AFRICAN PHARMACY COUNCIL | | | | | | | | | | | | | |