

Applicant's signature_____

Form is valid for **2024** only

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) 3211479/92; E-mail: customercare@sapc.za.org

APPLICATION FOR THE RECORDING OF A PRE- MAY 2003 PHARMACY LICENCE AND ITS RESPONSIBLE PHARMACIST IN TERMS OF THE PHARMACY ACT 53 OF 1974

Please use b Return to: Th	lack ink and complet ne Registrar, South A	e in BLOCK C frican Pharma	APITALS. cy Council	Office Use Only
PARTICULARS OF THE PRE- MA				
Pharmacy owner	Company Clos	e Partner	ship Sole Proprietor Trust	State
Category of pharmacy to be recorded	Community Institution (private C1 C13		Manufacturing Consultant In C6 C14	nstitutional Public C2
Full name(s) of owner (company, close corporation, person etc.)				
Owners postal address				
		P	ostal Code	
Owners courier address				
			treet Code	
 	Ph	armacy Y num	ber Y	
Pharmacy name				<u> </u>
Pharmacy postal address				
				+
			Postal code	
Pharmacy physical address (as it appears on the licence)				
(as it appears on the licence)				
			Street code	
		<u> </u>	Street code	
Courier address				
Pharmacy telephone number				
Pharmacy fax number	()			
Note: All documentation must be s licence.	submitted to the Regi	strar within 30	days from the date of issu	ue of a

Date_____



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PARTICULARS OF THE RESPONSIBLE PHARMACIST FOR THE ABOVE PHARMACY	
Pharmacist Registration No. Pharmacist Account No P	
Surname/Last Name	
Title Initials (First Names)	
First Names In Full	
Cell number	
Identity Number	
Date of appointment as responsible pharmacist	
REGULATION 28 OF THE REGULATIONS RELATING TO THE PRACTICE OF PHARMACY The responsible pharmacist contemplated in regulation 25 (3) must—	
ensure that he or she in fact continuously supervises the pharmacy in which he or she has been appointed;	
have appropriate qualifications and experience in the services being rendered by such pharmacy;	
3. ensure that persons employed in such pharmacy and who provide services forming part of the scope of practice	e of a pharmacist are
appropriately registered with council;	
4. notify council immediately upon receiving knowledge that his/her services as responsible pharmacist have been or will	l be terminated;
5. take corrective measures in respect of deficiencies with regard to inspection reports of council or in terms of the I	Medicines Act; and in
addition to the general responsibilities also—	
ensure that unauthorised persons do not obtain access to medicines or scheduled substances or the pharmace.	y premises outside of
normal trading hours;	
 establish policies and procedures for the employees of the pharmacy with regard to the acts performed and set 	rvices provided in the
pharmacy;	
 ensure the safe and effective storage and keeping of medicine or scheduled substances in the pharmacy ur 	nder his or her direct
personal supervision; and	
 ensure correct and effective record keeping of the purchase, sale, possession, storage, safekeeping and rescheduled substances. 	eturn of medicines or
SUPPORTING DOCUMENTATION AND APPLICABLE FEES	
I, the 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 a liaising personnel (except In case of a sole proprietorship	
b) affidavit by an owner (sole proprietary/partner) of a community or institutional pharmacy regarding ownership completed in the presence of a commissioner of oath	
c) ownership documents	
d) a copy of a licence to own the pharmacy issued by the Department of Health in terms of the Pharmacy Act, 1974 (Act 53 of 1974) as amended	
e) recording fee – pharmacy, owner and responsible pharmacist: R14, 310.00 (VAT incl.)	
f) annual fee – pharmacy community or institutional private: R4, 315.00 (VAT incl.)	
g) annual fee- responsible pharmacist: R372.00 (VAT incl.)	

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DECLARATION BY THE RESPONSIBLE PHARMACIST			
I, declare that: -			
 a) I am the responsible pharmacist for the pharmacy; b) I will comply with the requirements of regulation 28 of the <i>Regulations relating to the practice of pharmacy</i> c) the information furnished herewith is true and correct. 			
Responsible Pharmacist's Signature:	Date: DD/MM/YYYY		
DECLARATION BY THE OWNER			
I, declare that: -			
I am the sole owner of the pharmacy or have been empowered by the company, members or trustees etc, to request the NDOH to issue a licence and Council to record such a licence;			
b) Since May 2003, the pharmacy never relocated or changed ownership;			
c) the information furnished herewith is true and correct.			
Owner's Signature:	Date: DD / MM / Y Y Y		

PLEASE NOTE:

- 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.