



South African Pharmacy Council

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591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007
 Tel: 0861 7272 00; E-mail: customercare@sapc.za.org; Website: www.sapc.za.org

Form is valid for
2026 only

APPLICATION FOR THE REGISTRATION OF A PROVIDER IN TERMS 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 OWNER TO BE RECORDED											
Owner	Company	Close Corporation	Partnership	Sole Proprietor	Trust	State					
Category of provider to be registered	Private provider			Public provider							
Full name(s) of owner(s)											
Owner postal address											
			Postal Code								
Owner courier address											
			Street Code								
PARTICULARS OF THE PROVIDER TO BE RECORDED											
Has the provider ever been registered as a provider with the South African Pharmacy Council?	YES	NO	If yes, what was the registration number with Council?		R						
				U							
If yes, what was the former trading title of the provider recorded with Council? (if applicable)											
Provider name (or Proposed trading title)											
Alternative trading title	Alternative title will be used in the event that the previous name / proposed trading title is not approved by Council										
Provider postal address											
			Postal Code								
Provider physical address											
			Street Code								
Provider courier address											
			Street Code								
Provider telephone number											
Provider fax number											
Provider e-mail address											
Date the provider intends to start enrollment of learners	D	D	/	M	M	/	Y	Y	Y	Y	
<i>Note: All registration application documentation must be submitted to the Registrar within 30 days of the date of issue of a provider approval certificate.</i>											
PARTICULARS OF THE DESIGNATED PHARMACIST FOR THE PROVIDER											
Pharmacist registration number								P			
Surname/Last name											
Title			Initials (First names)								
First names in full											
Cell number											
Identity number											

Applicant's signature _____

Date _____



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Date of appointment as designated pharmacist	D	D	/	M	M	/	Y	Y	Y	Y		
SUPPORTING DOCUMENTATION AND APPLICABLE FEES												
I, the above applicant, submit the following in support of this application:								Mark with a ✓				
(a) a provider approval certificate												
(b) a copy of a VAT certificate (if applicable)												
(c) registration fee – provider (Payable with every registration): R 2,853.00 (VAT incl.)												
DECLARATION BY THE RESPONSIBLE PHARMACIST												
I, declare that: -								Mark with a ✓				
(a) I herewith include the applicable documentation/fee(s);												
(b) the training will be conducted under the supervision of a designated pharmacist;												
(c) the training will be conducted in accordance with Council requirements;												
(d) the information furnished herewith is true and correct.												
Responsible Pharmacist's Signature:			D		D	/	M	M	/	Y	Y	Y

The policy of the South African Pharmacy Council in terms of its statutory objectives to control the practice of the pharmacy profession regarding the approval of trading titles for pharmacies / providers is as follows:

- No trading title may be used which is calculated to suggest that the professional skills or ability or facilities for the rendering and supply of pharmaceutical services are superior or better than those of other pharmacies / providers.
- Trading titles which include the words, Super, Superior, etc. or words with the same or a similar meaning or connotation will not be approved.
- The duplication of pharmacy / provider titles, if such pharmacies / providers do not have the same owner, will not be approved where such titles refer to pharmacies / providers situated in the same geographical area, e.g. town or city.
- In situations where similar names are requested but the pharmacy / provider is situated in another town or city the applicant concerned must obtain the permission of the owner of the pharmacy / provider with the similar title to enable him/her to use such similar title. This provision is included in order to avoid confusion.

ADOPTING AND USING A TRADING TITLE FOR A PHARMACY / PROVIDER WITHOUT THE PRIOR WRITTEN APPROVAL OF COUNCIL IS DEEMED TO BE UNETHICAL OR UNPROFESSIONAL CONDUCT

PLEASE NOTE:

- 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.
- If payment is 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.
- *If payment is 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.
- The 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.

Applicant's signature _____

Date _____