



South African Pharmacy Council

Form is valid for
2022 only

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Passport number	
<p>REASONS FOR CLOSURE</p> <p>Choose one of the reasons below or specify the reason for closure</p> <p>a) Financial reasons</p> <p>b) Liquidation</p> <p>c) Pricing regulations</p> <p>d) Property sold</p> <p>e) No responsible pharmacist</p> <p>f) Owners request</p> <p>g) Others, please specify _____</p>	<p>Mark with a ✓</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>SUPPORTING DOCUMENTATION</p> <p>I, the above applicant, submit the following in support of this application:</p> <p>a) a copy of the licence to own a pharmacy issued by the department of Health in terms of the Pharmacy Act 53 of 1974 as amended</p> <p>b) a list of all tutors, Interns and learners (each with his or her role type) that are currently practising in this facility;</p> <p>c) 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) .</p>	<p>Mark with a ✓</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DECLARATION BY THE OWNER OR RP	
<p>I, declare that: -</p> <p>a) I herewith include the applicable documentation;</p> <p>b) I am the RP or sole owner of the pharmacy or have been empowered by the company, members or trustees etc, to request the Council to close the above mentioned pharmacy.</p> <p>c) the information furnished herewith is true and correct.</p> <p>RP or Owners Signature: <input type="text"/></p> <p>Date: <input type="text"/> / <input type="text"/> / <input type="text"/></p>	

Applicant's signature _____

Date _____