

Form is valid for **2022** 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 RE-RECORDING OF A PHARMACY AFTER CHANGE OF TRADING TITLE IN TERMS OF THE PHARMACY ACT 53 OF 1974

Please use b Return to: Th	Office Use Only					
PARTICULARS OF THE PHARM						
Pharmacy owner	Company	Close	tnership Sole Trust State	╡		
,		Institutional	Proprietor	=		
Category of pharmacy to be recorded	Community C1	(private) Wholesa	le Manufacturing Consultant Public  C6 C14 C2			
Full name(s) of owner (company,						
close corporation, person etc.)						
Owners postal address						
			Postal Code			
			Postal Code			
Owners courier address						
			Street Code			
		_				
Have the premises ever been registered as a pharmacy with the South African Pharmacy Council?	Yes No	If yes, what w registration nu Council?				
If yes, what was the former trading title of the pharmacy recorded with Council?						
Is the pharmacy currently approved for training?	Yes No	Has the layou premise beer approval was				
Previous name of pharmacy						
New pharmacy name						
Pharmacy postal address		<del>                                     </del>				
Filalifiacy postal address		+++++				
		<del>-                                     </del>	Postal code			
Dhama an talamh			Fusial code			
Pharmacy telephone number						
Pharmacy fax number	(	-				
<b>Note:</b> All documentation must be submitted to the Registrar within 30 days from the date of issue of a licence, but prior to the provision of any pharmaceutical services from this premises in terms of Regulation 8(4) of the Regulations relating to the Ownership and Licensing of Pharmacies.						

Applicant's signature	Date
Applicant 3 signature	Date



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	IN TERMS OF THE PHARMACY ACT 53 OF 1974					
PARTICULARS OF THE RESPON	SIBLE PHARMACIST FOR THE ABOVE PHARMACY					
Pharmacist Registration No.	Pharmacist Account No (if available)					
Surname/Last Name						
Title	Initials (First Names)					
First Names In Full						
Cell number						
Identity Number						
Date of appointment as responsible pharmacist						
SUPPORTING DOCUMENTATION						
, ,	ollowing in support of this application:  Mark with a ✓ ecording certificate in terms of the Pharmacy Act,					
of Health in terms of the Pha	sued after change of trading title by the Department rmacy Act, 1974 (Act 53 of 1974) as amended ayable with every recording): R12,748.00(VAT					
(e) recording fee – responsible p						
(f) annual fee – pharmacy						
community or institutional: R consultant pharmacy: R3,844						
	oharmacy: <b>R15,012.00</b> (VAT incl.)					
(g) annual fee- responsible pha	rmacist: R331.00 (VAT incl.)					
DECLARATION BY THE RESPONS	IBLE PHARMACIST					
I, declare that: -						
pharmacist;	ole documentation/fee(s); onducted under the direct personal supervision of a responsible onducted in accordance with good pharmacy practice guidelines as					
d) the information furnished here	with is true and correct.					
Responsible Pharmacist's Signature	: Date: DD / MM / YYYY					
title in terms of the Pharmacy Act 53 of 2. The SAPC will issue a GPP for change of 3. Applicant must complete the form named with all supporting documents as per appli 4. NDOH will issue an amended licence 5. Applicant must then complete the attached	ading title with the SAPC by completing and submitting a form named "Applica 1974" trading title "Application for reprint of pharmacy licence after change in trading title cation form to the NDOH;					
fees/proof of payment of fees within 60 da herewith shall be forfeited. 2. Payments made at Council offices by cred same day. 3. Payments made by EFT from other banks	ate of receipt by the office of the registrar. Should you fail to submit all the requives of this application the application shall be rendered void and all fees (excluding total card/debit card, direct bank deposits, EFT from a Standard Bank account, the other than Standard Bank, the recording certificate will be issued within three	ng annual fee) that may have been paid recording certificate can be issued the				
<ol> <li>Cash, Postal orders and Cheques will not</li> <li>South African Pharmacy Council has a</li> </ol>	be accepted with any application form.  policy of zero tolerance to fraud and corruption. All fraud and corruption	cases detected or reported will be				

Date\_\_\_\_\_

investigated and perpetrators will be prosecuted accordingly.

Applicant's signature\_\_\_\_\_