



# South African Pharmacy Council

Form is valid for  
**2022** only

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007;  
Tel: 0861 7272 00; Fax: 27 (12) 321 1479; E-mail: [customercare@sapc.za.org](mailto:customercare@sapc.za.org); Website: [www.sapc.za.org](http://www.sapc.za.org)

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## APPLICATION FOR THE RECORDING OF THE PHARMACY AFTER CHANGE OF ADDRESS WITHOUT RELOCATON

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council																				
SECTION A: PARTICULARS OF THE PHARMACY AS RECORDED WITH COUNCIL																				
Pharmacy owner	Company	Close Corporation	Partnership	Sole Proprietor	Trust	State	Other													
Recorded category of pharmacy	Community	Institutional (private)	Institutional (public)	Wholesale	Manufacturing	Consultant														
Full name(s) of owner (company, close corporation, partnership, etc.)																				
Recorded pharmacy name																				
Pharmacy account number											Y									
Pharmacy physical address (as recorded / registered with Council)																				
											Street code									
Amended address																				
											Street code									
Pharmacy telephone number																				
Pharmacy fax number																				
SECTION B: PARTICULARS OF THE RESPONSIBLE PHARMACIST (RP) FOR THE ABOVE PHARMACY																				
RP Registration No.													RP Account No (if available)	P						
Surname/Last Name																				
Title												Initials (First Names)								
First Names In Full																				
Cell number																				
E-mail address																				
Identity number OR Passport number																				
Date of appointment as RP as it appears on the certificate issued by the SAPC	D	D	/	M	M	/	Y	Y	Y	Y										
SECTION C: PARTICULARS OF THE APPLICANT (to be completed only if the applicant is not the RP)																				
Surname/Last Name																				
Title												Initials (First Names)								
First Names In Full																				
Cell number																				
E-mail address																				
Identity number OR Passport number																				
SECTION D: SUPPORTING DOCUMENTS AND APPLICABLE FEES																				
I, the above 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) a copy of the amended licence issued after change of address by the Department of Health in terms of the Pharmacy Act, 1974 (Act 53 of 1974)																				
(d) government gazette (for street name change)																				
(e) recording fee for change of address – R7 195.00 (VAT incl).																				
<b>NOTE: SAPC will issue a new certificate for the pharmacy, owner and responsible pharmacist</b>																				
SECTION D: DECLARATION BY THE OWNER/RESPONSIBLE PHARMACIST																				
I, declare that: -																				
(a) I herewith include the applicable documentation/fee(s);																				
(b) the above pharmacy will be conducted under the direct personal supervision of a responsible pharmacist;																				
(c) the above pharmacy will be conducted in accordance with good pharmacy practice guidelines as published by Council;																				
(d) the information furnished herewith is true and correct.																				

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

Date \_\_\_\_\_



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## APPLICATION FOR THE RECORDING OF THE PHARMACY AFTER CHANGE OF ADDRESS WITHOUT RELOCATON

Owner or Responsible Pharmacist's Signature:		Date:	D	D	/	M	M	/	Y	Y	Y	Y
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- Fees subject to change without further notification.

### Process for recording of the pharmacy after change of address

1. Applicant must first apply for change of address with the SAPC by completing and submitting a form named **"Application approval of change of address in terms of the Pharmacy Act 53 of 1974"**
2. Upon evaluation of the application form and satisfactory assessment, SAPC will issue a GPP for change of address.
3. Applicant must complete the form named: **"Application for reprint of pharmacy licence after change in address"** and send the application form together with all supporting documents as per application form to the NDOH.
4. NDOH will issue an amended **licence**.
5. Applicant must then complete the attached form and attach all supporting documents

### PLEASE NOTE:

1. Application will only be processed if the annual fees for the pharmacy are up to date;
2. 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.
3. Payments 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.
4. Payments made by EFT from other banks, other than Standard Bank, the recording certificate will be issued within three working days after verification of payment.
5. Cash, Postal orders and Cheques will not be accepted with any application form.
6. 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.
7. All documentation must be submitted to the Registrar within 30 days from the date of issue of a licence.

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

Date\_\_\_\_\_