

South African Pharmacy Council

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; Website: www.sapc.za.org

Applicant's signature_____

APPLICATION FOR THE RECORDING OF A PHARMACY AND ITS RESPONSIBLE PHARMACIST IN TERMS OF THE PHARMACY ACT 53 OF 1974

Please use bl Return to: The	Office Use Only					
PARTICULARS OF THE PHARM						
Pharmacy owner	Company	Close Corporatio	Partne	ership Sole Proprietor	Trust State	
Category of pharmacy to be recorded Full name(s) of owner (company, close corporation, person etc.)	Community	Institutional (private)	Wholesale	Manufacturing Consul	tant Institutional Public	
	C1	C13	C8	C6 C14	4 C2	
Owners postal address						
			+			
				Postal Code		
Owners courier address						
				Street Code		
				Street Code		
Have the premises ever been registered as a pharmacy with the South African Pharmacy Council?	Yes No		what was ation numl cil?			
If yes, what was the former trading title of the pharmacy recorded with						
Council?		—		of the Yes	No	
Is the pharmacy currently approved for training?	Yes	prem	he layout o ise been a oval was gr			
New pharmacy name (Proposed trading title)						
Alternative trading title	Alternativ trading tit	e title in the le is not app	event that roved by C	the previously prop	posed	
Pharmacy postal address						
			<u> </u>	Postal code		
Pharmacy physical address		<u> </u>		1 Ostal code		
(as it appears on the licence)						
				Street code		
Courier address						

Date_____



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Г	Street code
Pharmacy tolophono number	
Pharmacy telephone number	
Pharmacy fax number (<u> </u>
Pharmacy e-mail address	
Date of the intended opening of the pharmacy	
licence, but prior to the provision of any p	itted to the Registrar within 30 days from the date of issue of a pharmaceutical services from this premises in terms of ing to the Ownership and Licensing of Pharmacies.
PARTICULARS OF THE RESPONSIB	BLE 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 AND	D APPLICABLE FEES
I, the above applicant, submit the follow	
	ion and date of resignation (only if applicant is sible pharmacist of another pharmacy
pharmacy	the responsible pharmacist of the above
	e above appointment in which the above
responsible pharmacist declares the duties and responsibilities of a	hat he/she accepts such appointment, as well as I responsible pharmacist as set out in Regulation ING TO THE PRACTICE OF PHARMACY
e) a copy of a licence to own the phaterms of the Pharmacy Act, 1974 (a	armacy issued by the Department of Health in (Act 53 of 1974) as amended
f) recording fee – pharmacy (Payable	le with every recording): R12, 748.00 (VAT incl.)
g) recording fee – owner (Payable wi	rith every recording): R2, 417.00 (VAT incl.)
	nacist (payable with all new applications, change ange of trading title): R2, 368.00 (VAT incl.)
i) annual fee – pharmacy	
community or institutional: consultant pharmacy: R3,5	
OR wholesale or manufacturin	OR OR
wholesale or manufacturin R15 012.00 (VAT incl.)	у рнаннасу.
j) annual fee- responsible pharmac	cist: R331.00 (VAT incl.)
	'

Date_____





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DECI	LARATION BY THE RESPONSIBLE PHARMACIST					
I, dec	clare that: -					
a)	a) I herewith include the applicable documentation/fee(s);					
the above pharmacy will be conducted under the direct personal supervision of a responsible pharmacist;						
 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.					
Respo	nsible Pharmacist's Signature: Date: Date:					

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 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.
- · 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 titles if such pharmacies do not have the same owner will not be approved, where such titles refer to pharmacies situated in the same geographical area, e.g. town or city.
- In situations where similar names are requested but the pharmacy is situated in another town or city the applicant concerned must obtain the permission of the owner of the pharmacy with a similar title to enable him/her to use such similar title. This provision is included in order to avoid confusion, which is currently occurring with regard to e.g. wholesalers and medical schemes relating to the location of pharmacies.

ADOPTING AND USING A TRADING TITLE FOR A PHARMACY 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.
- 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.
- 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
- 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.

Applicant's signature	Date	_