



South African Pharmacy Council

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Form is valid
for **2022** only

APPLICATION FOR APPROVAL OF CHANGE OF ADDRESS WITHOUT RELOCATION

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									
New physical address					Street code									
Reason for the change of address request														
Pharmacy telephone number														
Pharmacy fax number														
Pharmacy e-mail address														
SECTION B: PARTICULARS OF THE RESPONSIBLE PHARMACIST (RP) FOR THE ABOVE PHARMACY														
RP Registration Number				RP Account number (if available)	P									
Surname/Last Name														
Title				Initials (First Names)										
First Names in Full														
Cell number														
E-mail address														
Identity number OR Passport number														
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 <i>In case of a sole proprietorship</i>)														
(b) proof that the company details have not changed i.e. list of shareholders, members etc														
(c) government gazette (for street name change) or an official document in support of the request for change of street name														
(d) evaluation fee for change of address – R2,221.00 (VAT incl).														
SECTION E: DECLARATION BY THE APPLICANT / RESPONSIBLE PHARMACIST														
I, declare that: -														
(a) the pharmacy did not relocate														
(b) the information furnished herewith is true and correct.														
Owner or Responsible Pharmacist's Signature				Date:	D	D	/	M	M	/	Y	Y	Y	Y

Applicant's signature _____

Date _____

APPLICATION FOR APPROVAL OF CHANGE OF ADDRESS WITHOUT RELOCATION

PROCESS FOR EVALUATION OF THE APPLICATION FOR THE APPROVAL OF THE CHANGE OF ADDRESS WITHOUT RELOCATION AND RECORDING OF THE AMENDED PHARMACY LICENSE AFTER CHANGE OF ADDRESS

1. Applicant must then complete the attached form and attach all supporting documents
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 form named: **“Application for the recording of the pharmacy after change of address without relocation, and** attach all supporting documents, and submit this form to the SAPC.

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 approval letter can be issued the same day.
4. *Payments made by EFT from other banks, other than Standard Bank, the approval letter 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 an amended licence.

Please note that an authorization letter and the particulars of the person making an application on behalf of the owner will be required in case where the owner is not making an application himself/herself

Applicant's signature _____

Date _____