



South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007
 Tel: 0861727200; Fax: 27 (12) 321-1479; E-mail: customer@sapc.za.org; Website: www.sapc.za.org

Form is valid for
2025 only

APPLICATION FOR ANOTHER BUSINESS OR PRACTICE IN A PHARMACY IN TERMS OF THE PHARMACY ACT, 1974 (ACT 53 OF 1974)

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council	Office Use Only
SECTION A: APPLICANT'S PERSONAL PARTICULARS (RESPONSIBLE PHARMACISTS)	
Responsible Pharmacist registration no and P-number	P
Title	Complies with criteria
First names in full	Yes No
Surname	Received Fee (if applicable)
South African Citizenship	N/A Yes No
Identity number / Permit No	Date of Approval
Responsible pharmacist registered postal address	D D / M M / Y Y Y Y
Cell phone number	
Work telephone number	
Fax number	
E-mail address	
SECTION B: PARTICULARS OF PHARMACY PREMISES	
Name of pharmacy/institution	
Pharmacy registration no:	Y
Sector	Private Sector Public Sector
Category	Community C1 Institutional (hospital) C13 Wholesale C8 Manufacturing C6 Consultant C14
Responsible pharmacist registered postal address	
Responsible pharmacist registered physical address	
Cell phone number	
Work telephone number	
Fax number	
E-mail address	
Province	
Date of registration/recording of above pharmacy premises with Council	D D / M M / Y Y Y Y
Envisaged date of commencement of another business operating within the pharmacy	D D / M M / Y Y Y Y
SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES	
I, the above applicant, submit the following in support of my application:	Mark with a ✓
(a) an affidavit with regard to the ownership of the pharmacy;	
(b) professionally drawn floor- and site plans of the premises;	
(c) annual registration and/ recording certificate of the pharmacy; and	
(d) appropriate fee (ethical rule 13 (a) or (b) evaluation fee: R3, 912.00 (VAT incl.))	

Note: Attach a copy of the annual Pharmacy Registration Certificate.

ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR

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SECTION D: DECLARATION BY APPLICANT												
<p>I, the above applicant, declare that:</p> <p>(a) I herewith include all the applicable documentation/fees mentioned in Section C above;</p> <p>(b) I will observe Council's requirements and conditions relating to the ethical rules as published by Council.</p> <p>(c) I am fully conversant with the legislation relating to pharmacy;</p> <p>(d) I practise FULL TIME at the above premises; and</p> <p>(e) the information furnished herewith is true and correct.</p> <p>(f) I will ensure that the premises will comply with the minimum standards laid down by the Council for community pharmacies and that:</p> <p style="margin-left: 20px;">(i) only a pharmacist, pharmacist's assistant or pharmacist intern, under the personal supervision of a pharmacist, may have direct access to scheduled substances in the pharmacy;</p> <p style="margin-left: 20px;">(ii) unauthorised persons should not by any means, obtain access to the premises outside of normal trading hours;</p> <p>(g) I will not alter the premises without written approval of the Council;</p> <p>(h) I will ensure that the pharmacy premises will be clearly demarcated and identified from the premises of such other business or practice. The demarcation must be of such a nature that permits for the closure thereof under lock and key by myself, and prohibits entry to the pharmacy premises in my absence;</p> <p>(i) I have attached a copy of the annual pharmacy registration certificate; and</p> <p>(k) I have initialled every page.</p>												
Applicant's Signature: _____												
Application Date:	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y	
D	D	/	M	M	/	Y	Y	Y	Y			
SECTION E: DECLARATION BY COMMISSIONER OF OATHS												
<p>The abovementioned was SIGNED and SWORN TO before me at _____ (place)</p> <p>on this ____ day of _____ in the year _____, the deponent (applicant) having acknowledged that he/she knows and understands the contents of this declaration.</p> <p>SIGNATURE OF COMMISSIONER OF OATHS _____</p>	<p>Stamp (Compulsory)</p> <p><small>(Full names, capacity, address and contact details of Commissioner of Oaths)</small></p>											

Please Note:

- In cases where the received application form is incomplete, the applicant will be expected to submit all necessary documents. Failure to which Council will consider the application null and void after 90 days from the day the applicant was informed that the documents were incomplete. The applicant will therefore be expected to submit a new application form with the applicable fee(s).
- 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.

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