



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

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:	<input type="text"/>						
	Responsible Pharmacist account no: if available	P					
Title	<input type="text"/> Initials (first names) <input type="text"/>						
First names in full	<input type="text"/>						
Surname	<input type="text"/>						
South African Citizenship	Yes <input type="checkbox"/> No <input type="checkbox"/> Please specify if other <input type="text"/>						
Identity number / Permit No	<input type="text"/>						
Responsible pharmacist registered postal address	<input type="text"/> <input type="text"/> <input type="text"/>						
	Postal code <input type="text"/>						
Cell number	<input type="text"/>						
Work telephone number	(<input type="text"/>) <input type="text"/>						
Fax number	(<input type="text"/>) <input type="text"/>						
E-mail address	<input type="text"/>						
SECTION B: PARTICULARS OF PHARMACY PREMISES							
Name of pharmacy/institution	<input type="text"/>						
Registration no:	<input type="text"/>						
Sector	Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/>						
Category	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Community C1</td> <td style="width: 15%;">Institutional (Hospital) C13</td> <td style="width: 15%;">Wholesale C8</td> <td style="width: 15%;">Manufacturing C6</td> <td style="width: 15%;">Consultant C14</td> </tr> </table>	Community C1	Institutional (Hospital) C13	Wholesale C8	Manufacturing C6	Consultant C14	
Community C1	Institutional (Hospital) C13	Wholesale C8	Manufacturing C6	Consultant C14			
Postal Address	<input type="text"/> <input type="text"/>						
	Postal code <input type="text"/>						
Physical Address	<input type="text"/> <input type="text"/>						
	Street code <input type="text"/>						
Province	<input type="text"/>						
Date of registration/recording of above pharmacy premises with Council	<input type="text"/>						
Envisaged date of commencement of another business operating within the pharmacy	<input type="text"/>						
		Complies with criteria <table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No			
Yes	No						
		Received Fee (if applicable) <table border="1" style="display: inline-table;"><tr><td>N/A</td><td>Yes</td><td>No</td></tr></table>	N/A	Yes	No		
N/A	Yes	No					
		Date of Approval <input type="text"/>					

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

ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR

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SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES	Office Use Only			
<p>I, the above applicant, submit the following in support of my application:</p> <p style="text-align: right; margin-right: 20px;">Mark with a ✓</p> <p>(a) an affidavit with regard to the ownership of the pharmacy;</p> <p>(b) professionally drawn floor- and site plans of the premises;</p> <p>(c) annual registration and/ recording certificate of the pharmacy.</p> <p>(d) appropriate fee (ethical rule 13 (a) or (b) evaluation fee: R3, 105.00 (VAT incl.))</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>			
SECTION D: DECLARATION BY APPLICANT				
<p>I, the above applicant, declare that I:</p> <p>a) herewith include all the applicable documentation/fees mentioned in Section C above;</p> <p>b) will observe Council's requirements and conditions relating to the ethical rules as published by Council. c) am fully conversant with the legislation relating to pharmacy;</p> <p>d) practise FULL TIME at the above premises; and</p> <p>e) that 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 lawful means obtain access to the premises outside of normal trading hours;</p> <p>g) I will not alter the premises without the written approval of the Council;</p> <p>h) I will not effect an amendment to the lease agreement without the prior written approval of the Council having been obtained; and</p> <p>i) 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 yourself, and prohibits entry to the pharmacy premises in your absence;</p> <p>j) I have attached a copy of the annual pharmacy registration certificate k) I have initialled every page.</p> <p>Applicant's Signature: _____ Application Date: DD / MM YY YY</p>				
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 style="text-align: center;">Stamp (Compulsory)</p> <p style="text-align: center; font-size: small;">(Full names, capacity, address and contact details of Commissioner of Oaths)</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).

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- A change of address must be submitted to the registrar within 30 days of such change.
- 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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