



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
2026 only

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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		Complies with criteria				Yes	No								
Title							Initials (first names)															
First names in full									Received Fee (if applicable)				N/A	Yes	No							
Surname																						
South African Citizenship	Yes		No		Please specify if other				Date of Approval				D	D	/	M	M	/	Y	Y	Y	Y
Identity number / Permit No																						
Responsible pharmacist registered postal address							Postal Code															
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							Postal Code															
Responsible pharmacist registered physical address							Street Code															
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	Y	Y	Y	Y	Y							
Envisaged date of commencement of another business operating within the pharmacy	D	D	/	M	M	/	Y	Y	Y	Y	Y	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: R4, 053.00 (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>(j) 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:	<div style="display: flex; justify-content: space-between;"> DD/MM/YYYY </div>	
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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