



South African Pharmacy Council

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Form is valid
for **2026** only

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APPLICATION FOR THE APPROVAL OF CHANGE OF NAME OF THE OWNER

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		
Owners physical address					Street code		
Owners postal or courier address					Street code		
Telephone numbers							
Pharmacy fax number							
Pharmacy e-mail address							
Previous name							
New name							

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 <input checked="" type="checkbox"/>
(a) a legal document containing a list of shareholders, members, trustees etc, or a document signed by shareholders appointing you as the liaising person;	
(b) Proof that close corporation (CC) or company (Pty) Ltd details have not changed, in respect of, shareholders, members, trustees	
(c) Company name change as approved by the Companies and Intellectual Property Commission	
(d) Old and new company documents as approved by the Companies and Intellectual Property Commission	
(e) Letter of authority	
(f) Change of name of owner fee – R 2,655.00 (VAT incl).	

SECTION E: DECLARATION BY THE APPLICANT / RESPONSIBLE PHARMACIST

I, declare that: -																						
(a) I herewith include the applicable documentation/fee(s);																						
(b) the company details have not changed i.e. members/shareholders and company name																						
(c) the above pharmacy will be conducted under the direct personal supervision of a responsible pharmacist;																						
(d) the above pharmacy will be conducted in accordance with good pharmacy practice guidelines as published by Council;																						
(e) the information furnished herewith is true and correct.																						
Owner or Responsible Pharmacist's Signature					Date:	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>												

Applicant's signature _____

Date _____



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PROCESS FOR APPROVAL OF CHANGE OF NAME OF THE OWNER

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 name of the owner**" 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 name of owner, and**" attach all supporting documents

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 _____