



Page 1 of 2

**TEMPORARY RELOCATION APPLICATION**

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council

<b>SECTION A: PARTICULARS OF THE PHARMACY AS RECORDED WITH COUNCIL</b>															
Pharmacy Owner	Company	Close Corporation	Partnership	Sole Proprietor	Trust	State	Other								
Category of pharmacy	Community	Institutional (private)	Institutional (public)	Wholesale	Manufacturing	Consultant									
Full name(s) of owner (company, close corporation, partnership, etc.)															
Pharmacy name				Pharmacy account number	<b>Y</b>										
Pharmacy physical address (as recorded/registered with Council)					Street code										
Temporary physical address					Street code										
Approximate distance from recorded/registered address of the pharmacy															
Reason for relocation e.g. natural disaster, fire, looting (rioting/unrest), renovation, etc. including substantiated proof															
Estimated duration at temporary location															
Pharmacy telephone number (temporary location)															
Pharmacy e-mail address															
<b>SECTION B: PARTICULARS OF THE RESPONSIBLE PHARMACIST (RP) FOR THE ABOVE PHARMACY (COMPULSORY)</b>															
RP Registration Number			RP Account number (if available)	<b>P</b>											
Surname/Last Name															
Title				Initials (First Names)											
First Names in Full															
Cell number															
E-mail address															
Identity number OR Passport number															
<b>SECTION C: PARTICULARS OF THE APPLICANT (to be completed only if the applicant is not the RP)</b>															
Surname/Last Name															
Title				Initials (First Names)											
First Names in Full															
Cell number															
E-mail address															
Identity number OR Passport number															
<b>SECTION D: SUPPORTING DOCUMENTS</b>															
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 liaising personnel (except in case of a sole proprietorship).															
(b) Documented proof substantiating reasons for relocation															
(c) floor plan of the temporary site.															
(d) an authorization letter and the particulars of the person making an application on behalf of the owner (If the applicant is not the owner/RP).															
<b>SECTION E: DECLARATION BY THE APPLICANT / RESPONSIBLE PHARMACIST</b>															
I, declare that: -															
(a) the information furnished herewith is true and correct.															
Full name of Applicant or Responsible Pharmacist:		Signature of Applicant or Responsible Pharmacist:			Date:	D	D	/	M	M	/	Y	Y	Y	Y



**TEMPORARY RELOCATION APPLICATION**

**PROCESS FOR EVALUATION OF TEMPORARY RELOCATION APPLICATION**

1. Applicant must complete the attached form and attach all supporting documents
2. Upon evaluation of the application form and satisfactory assessment, SAPC will issue a GPP recommendation.
3. An inspection will be conducted at the approved temporary location.

**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 30 days from date of receipt by the Office of the Registrar. Should you fail to submit all the required supporting documentation within 30 days of this application the application shall be rendered void.
3. The SAPC 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.