



## South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org  
Tel: 0861 SAPC 00; E-mail: [customer@sapc.za.org](mailto:customer@sapc.za.org)

Form is valid for  
**2026** only

### CHANGE OF FACILITY FOR PERFORMANCE OF COMMUNITY PHARMACEUTICAL SERVICE IN TERMS OF THE PHARMACY ACT 53 OF 1974

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council, to the postal address above		For office use only
<b>SECTION A: APPLICANT'S PERSONAL PARTICULARS</b>		
Council registration number	<input type="text"/>	Council account number <b>P</b> <input type="text"/>
<b>Role type:</b>	<input type="text" value="Community Service Pharmacist"/>	
Surname/last name	<input type="text"/>	
Title	<input type="text"/>	Initials (first names) <input type="text"/>
First names in full	<input type="text"/>	
Identity number or Permit number	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Gender and race (refer note A)	<input type="text" value="Male"/> <input type="text" value="Female"/> Race <input type="text" value="Asian"/> <input type="text" value="Black"/> <input type="text" value="Coloured"/> <input type="text" value="White"/>	
Postal address (Refer notes B and C)	<input type="text"/> <input type="text"/> <input type="text"/> Postal code <input type="text"/>	
Courier address (Refer notes B and C)	<input type="text"/> <input type="text"/> <input type="text"/> Postal code <input type="text"/>	
Cell number	<input type="text"/>	
Fax number	<input type="text"/>	
E-mail address	<input type="text"/>	
<b>SECTION B: PARTICULARS OF THE PREVIOUS PHARMACY</b>		
Name of pharmacy/institution approved for training	<input type="text"/>	
Pharmacy registration no:	<input type="text" value="Y"/> <input type="text"/>	
Sector of pharmacy	<input type="text" value="Private Sector"/> <input type="text" value="Public Sector"/>	
Branch of pharmacy	<input type="text" value="Institutional (hospital)"/> <input type="text" value="Community"/>	
End date with pharmacy	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>SECTION C: PARTICULARS OF THE NEW PHARMACY</b>		
Name of pharmacy/institution approved for training	<input type="text"/>	
Pharmacy registration no:	<input type="text" value="Y"/> <input type="text"/>	
Physical address	<input type="text"/> <input type="text"/> <input type="text"/> Postal code <input type="text"/>	
Sector of pharmacy	<input type="text" value="Private Sector"/> <input type="text" value="Public Sector"/>	
	<input type="text" value="Institutional (hospital)"/> <input type="text" value="Community"/>	
Start date with the new pharmacy	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

**Note A:** You are requested to furnish gender and race particulars to enable Council to measure transformation in the profession.

**Note B:** The postal address furnished herewith shall be deemed to be the applicant's **registered address** all correspondence and certificates will be posted to this address

**Note C:** A change of address must be submitted to the registrar within 30 days of such change.

Signature \_\_\_\_\_

Date \_\_\_\_\_



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#### SECTION D: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

I, the above applicant, submit the following in support of my application:

Mark with a ✓

a) New employment contract

☐

b) **Fee for change of facility** – community pharmacist: **R1 270.00** (VAT incl.)

☐

#### SECTION E: DECLARATION BY APPLICANT

I, the above applicant, declare that:

- a) I herewith include all the applicable documentation/fees mentioned in Section D above;
- b) I comply with the requirements for registration as a community service pharmacist;
- c) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and
- d) The information furnished herewith is true and correct.

Applicant's Signature: \_\_\_\_\_

Application Date: \_\_\_\_\_

D	D	/	M	M	/	Y	Y	Y	Y
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#### SECTION F: DECLARATION BY COMMISSIONER OF OATHS

The abovementioned was SIGNED and SWORN TO before me at \_\_\_\_\_  
(place)

on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, the deponent (applicant) having  
acknowledge that he/she knows and understands the contents of this declaration.

SIGNATURE OF COMMISSIONER OF OATHS \_\_\_\_\_

**STAMP**  
(compulsory)

(Full names, capacity, address  
and contact details of  
Commissioner of Oaths)

#### SAPC Electronic Payment Details (If not yet captured on Council's financial system)

Name of Beneficiary	South African Pharmacy Council												
Name of Bank	Standard Bank of South Africa												
Account type	Cheque account												
Branch Code	0	1	0	1	4	5							
Beneficiary Account number	0	1	1	8	8	5	8	6	6				
Beneficiary Reference	Your account number ** with SAPC and surname & initials.												

#### PLEASE NOTE:

1. 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 will be invalid and all fees (excluding annual fee) that may have been paid herewith shall be forfeited
2. Your registration date will be determined by the date of receipt of a completed application form, supporting documents and fees (please refer to item 1. above)
3. Cash, postal orders and cheques will not be accepted with any application form.
4. 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

Signature \_\_\_\_\_

Date \_\_\_\_\_