South African Pharmacy Council
591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 7272 00; Fax: 27 (12) 321-1479; E-mail: customercare@sapc.za.org

Form is valid for **2026** only

APPLICATION FOR THE APPROVAL OF PHARMACY PREMISES – INTERNAL CHANGES IN TERMS OF THE PHARMACY ACT, 1974 (ACT 53 OF 1974)

Please print and use black ink to complete

SECTION A: PARTICULARS OF PHARMACY OWNER

Pharmacy Owner	Company	Close Corporation	Partnership	Sole Proprietor
Identity Number of Owner				
Company /* Close Corporation Registration Number				
Full Name(s) of Applicant/Responsible Pharmacist				
Identity Number of Applicant				
Category of premises to be APPROVED	Community	Institutional	Consultant	
Full Names of Owners/Company/Close Corporation				
Contact Address				
Telephone Number				
E-mail address				

SECTION B: PARTICULARS OF RESPONSIBLE PHARMACIST

Full Names of Responsible Pharmacist	
Contact Address	Code
Courier Address	Code
Cell phone number	
Telephone number	
E-mail address	
Qualification	
Registration Number with the South African Pharmacy Council	
Identity Number of Responsible Pharmacist	

*** NB MUST BE INDICATED ON PHARMACY PLAN ***

ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR

Please print and use black ink to complete						
SECTION C: PARTICULARS OF PREMISES						
* Pharmacy Name						
Postal Address of Premises						
		Postal Code				
* Physical Address of Premises						
		Code				
Courier Address of Premises						
		Code				
Contact Telephone Number		-		-		
Contact Fax Number		-		-		
E-mail address						
Supply current Licence Number		**SAPC Registration/ Recording Number**		Y		

SECTION D: INFORMATION OF PREMISES		
I the above applicant declare that:		
1. The size of the premises is	m^2	
2. A responsible pharmacist will be present at all times during business hours.	Yes	No
3. Key, key card or other device or the combination of any device, which allows access to the pharmacy, is kept on the person of the responsible pharmacist.	Yes	No
4. Only the pharmacist(s) has keys to the pharmacy area where schedule 1 – 6 items are kept.	Yes	No
5. Control of access to pharmacy premises, which include the design and layout of the pharmacy, is of such a nature that only registered pharmacy personnel have direct access to medicine.*	Yes	No
6. There is sufficient security to prevent unauthorised access to medicines.	Yes	No
7. The pharmacy will be suitably located in the institution (Institutional pharmacies only)	Yes	No
8. The dispensary is suitably located in the pharmacy.	Yes	No
9. The pharmacy is accessible to persons with disabilities.	Yes	No
10.* There is/ will be a separate facility for washing hands *	Yes	No
11.*There is/ will be a separate facility for cleaning of equipment *	Yes	No
12.The premises will be kept clean, orderly and tidy	Yes	No
*** NB MUST BE INDICATED ON PHARMACY PLAN ***		

ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR

Please print and use black ink to complete		
SECTION E: INFORMATION OF PREMISES - CONTINUED		
13. The floor surface will be of impermeable material.	Yes	No
14. All working surfaces will be finished with a smooth impermeable and washable material.	Yes	No
15. All countertops and shelves will be finished with a smooth, impermeable and washable material which is easy to keep clean.	Yes	No
16. Walls are finished with a smooth, impermeable and washable material, which is easy to keep clean.	Yes	No
17. There will be sufficient and adequate lighting.	Yes	No
18. There is an air conditioner in the pharmacy which is in good working condition.	Yes	No
19. The temperature in the dispensary will be below 25 ^{0} C.		
20. There is at least one fire extinguisher or fire hose in the pharmacy.	Yes	No
21. The dispensing surface area is sufficient for the volume of prescriptions dispensed. A clear working surface area of at least 90cm to 1m must be provided for each pharmacist or other persons registered with Council who work in the dispensary.	Yes	No
22. There will be a suitable waiting area, in accordance with Good Pharmacy Practice (GPP) guidelines.*	Yes	No
23. There is a suitable waiting area, which is under cover or inside the pharmacy.	Yes	No
24. The waiting area is situated near:*		
24.1 the dispensary	Yes	No
24.2 areas for counselling and the furnishing of information.	Yes	No
25. The waiting area has comfortable seating.	Yes	No
26. There will be a suitable semi-private area for consultation per dispensing point in accordance with GPP 2.31.2 (13). *	Yes	No
27. There is a suitable private area for the provision of information and advice, in accordance with GPP standards. *	Yes	No
28. There is a suitable area for the screening and performing of tests.*	Yes	No
29. The professional image of the dispensing area is not affected by the display of commercial material not directly linked with health.	Yes	No
30. The pharmacy is designated as a non-smoking area.	Yes	No
31. The receiving area for deliveries will be clearly defined and separated from the rest of the pharmacy.*	Yes	No
32. A fridge for heat sensitive pharmaceuticals and vaccines will be available.*	Yes	No
33. There is a suitable separate facility that comply with GMP standards where compounding is carried out.*	Yes	No
34. There is a suitable separate facility that complies with GMP standards where pre-packing is carried out.	Yes	No

35. Access to the premises will be **(Mark with X – indicate only one)***

Via independent entrance to and from the premises only		Share joint entrance with another/adjoining premises		Both independent entrance and shared entrance	

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SECTION E: SUPPORTING DOCUMENTATION	**MARK WITH X**
The following documentation is submitted in support of this application:	
1. Copy of the site plan and floor plan of the building indicating the location of the pharmacy premises in relation to adjoining or surrounding business and access to and from the premises.	
2. Copy of a professionally drawn plan indicating actual layout of the pharmacy premises drawn to scale with exact measurements, in which points 10, 11, 22, 26, 27 and 32 indicated in SECTION E can be clearly identified.	
3. In case of a Close Corporation the latest CK2 (as approved)	
4. In case of a company a copy of the Certificate of Incorporation (Change of Name Certificate if applicable) and the latest CM29.	
5. Schedules from the auditors certifying the names of the directors and shareholders.	
6. A proof of payment for the fees as published in the Government Gazette made payable to the South African Pharmacy Council **(R3,609.00)**	

SECTION F: DECLARATION BY THE APPLICANT

(i) The above pharmacy will be conducted under the direct personal supervision of a responsible pharmacist.
(ii) The Registrar of the South African Pharmacy Council will be notified of any material changes within 30 days of such changes.
(iii) The information furnished herewith is true and correct.
(iv) I, hereby give consent for an inspection of the premises in terms of the applicable Legislation.

APPLICANT'S SIGNATURE:					
DATE:	DD	-	MM	-	YYYY

SECTION G: DECLARATION BY COMMISSIONER OF OATHS

SIGNED and SWORN at _____ on this _____ day of _____ in the year _____, the deponent(applicant) having acknowledged that he/she knows and understands the contents of this declaration

SIGNATURE OF COMMISSIONER OF OATHS :					
DATE:	DD	-	MM	-	YYYY

STAMP

Full name, capacity, address and contact details of Commissioner of Oaths

ONLY ORIGINAL DOCUMENTATION OR CERTIFIED COPIES WHERE APPLICABLE WILL BE ACCEPTED BY THE SOUTH AFRICAN PHARMACY COUNCIL