



The 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 1479/92; E-mail: customercare@sapc.za.org

Form is valid for
2026 only

APPLICATION FOR RESTORATION OF A NAME OF A PHARMACY TO THE REGISTER DUE TO REMOVAL (e.g. NON-COMPLIANCE TO GPP, ORNON - PAYMENT OF ANNUAL FEES OR GRADE D) 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

SECTION A: APPLICANT'S PERSONAL PARTICULARS, PHARMACY AND RESPONSIBLE PHARMACIST DETAILS

Name of pharmacy/institution																									
Sector of pharmacy	Private Sector					Public Sector					Pharmacy registration no														
Category of pharmacy	Institutional (hospital)					Community					Consultant					Manufacturing					Wholesale				
Registration number and P number of responsible pharmacist											P Number (if available)					P									
Surname Responsible Pharmacist																									
Title of Responsible pharmacist						Responsible pharmacist (first names)																			
Signature of Responsible pharmacist						Application date:																			

Name of holding company															
Owner's surname/last name (Or delegated person)															
Title						Initials (first names)									
First names in full															
Identity number or Passport number															
Date of birth						Gender and race					Race				
Postal address															
Physical address															
Courier address															
Cell phone number															
Work telephone number															
E-mail address															

SECTION B: APPLICABLE FEES

Community Pharmacy	Institutional Pharmacy	Consultant pharmacy	Manufacturing Pharmacy	Wholesale Pharmacy
Restoration fee – R9 292.00 (Section 23(1)(d) of Act 53 of 1974) Plus Annual fee R4 596.00 (VAT Inc.)	Restoration fee – R9 292.00 (Section 23(1)(d) of Act 53 of 1974) Plus Annual fee R4 596.00 (VAT Inc.)	Restoration fee – R9 292.00 (Section 23(1)(d) of Act 53 of 1974) Plus Annual fee R4 303.00 (VAT Inc.)	Restoration fee – R41 038.00- (Section 23(1)(d) of Act 53 of 1974) Plus Annual fee R17 948.00 (VAT Inc.)	Restoration fee – R41 038.00- (Section 23(1)(d) of Act 53 of 1974) Plus Annual fee R17 948.00 (VAT Inc.)

Payment of the applicable restoration fee must be made TOGETHER WITH payment of the annual fees of the year in which registration was suspended (if applicable) AND payment of the current years' annual fees

SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

I, the above applicant, submit the following in support of my application: Mark with a ✓

(a) Restoration fee and annual fee as indicated in section B	
(b) A legal document containing a list of shareholders, members, trustees etc. or a document signed by shareholders appointing you as the delegated/liasing person; (except in case of sole proprietorship)	
(c) A company resolution authorising the applicant to act on behalf of the company. In the case of an attorney acting on behalf of the company, a power of attorney will be required	
(d) copy id ID document for sole owner and partnerships	
(d) Letter of appointment and acceptance signed by the responsible pharmacist and the pharmacy owner or delegated person	
(e) A letter from the Director-General for Health confirming that the licence is not withdrawn.	
(f) Response to all shortcomings found in inspection reports (if closed due to non-compliance)	
(g) Proof of Payment of all outstanding fees	

Signature _____

Date _____



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APPLICATION FOR RESTORATION OF A NAME OF A PHARMACY TO THE REGISTER DUE TO INVOLUNTARY REMOVAL (e.g. NON - PAYMENT OF ANNUAL FEES) IN TERMS OF THE PHARMACY ACT, 53 OF 1974 (Continued)

SECTION D: DECLARATION BY APPLICANT

I, the above applicant, declare that:

- a) I herewith include all the applicable documentation/fees mentioned in section B and C above;
- b) The information furnished herewith is true and correct.

Applicant's signature: _____ Application date:

DD	MM	YY	YY
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SECTION E: 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
acknowledged that he/she knows and understands the contents of this declaration.

STAMP
(Compulsory)

SIGNATURE OF COMMISSIONER OF OATHS

(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:

- 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;
- 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.**

Signature _____

Date _____