



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

APPLICATION FOR PHARMACY PREMISES LICENCE IN TERMS OF SECTION 22 OF THE PHARMACY ACT 53 OF 1974

LU-PL1.0, Rev 1

AFFORDABLE MEDICINES: Licensing Unit

AB Xuma Building, 112 Voortrekker Road, Pretoria Townlands 351-Jr, Pretoria, 0187

Contacts Us: 012 395 8500

Email: pharmapps@health.gov.za

Last review: 01 July 2024

I: GENERAL INFORMATION

- **FIRST TIME APPLICANTS** – **APPLY ONLINE** on the website of the South African Pharmacy Council (www.sapc.za.org – *Members of the Public tab – Apply for a Pharmacy Licence*). **NO PHYSICAL APPLICATIONS** will be required to be submitted. All supporting documents and the physical application **must** be uploaded on the website.
- **APPLICANTS APPLYING FOR A SECOND OR MORE TIME:** LOGIN into your online owner profile and submit an application. **NO PHYSICAL APPLICATIONS** will be required to be submitted. All supporting documents and the physical application **must** be uploaded on the website.
- The licensing of pharmacy premises is governed by the Pharmacy Act, 1974 (Act 53 of 1974) and its Regulations:
 - i. Section 22 and 22A of the Pharmacy Act, 1974 (Act 53 of 1974)
 - ii. Regulations Relating to the Ownership and Licensing of Pharmacies
- An application for a pharmacy premises licence is made to the Director-General: Health, who may issue or refuse such licence on such conditions as he or she may deem fit. Applicants are advised to familiarise themselves with the Criteria for Licensing as published on the Department of Health website.
- Categories of pharmacies that may be licensed are:
 - Community
 - Institutional – private and state owned
 - Consultant
 - Manufacturing
 - Wholesale

NOTE: For Manufacturing and Wholesale Licences – a separate application, in terms of Section 22C of the Medicines and Related Substances Act 101 of 1965, must be made to the South African Health Products Regulatory Authority (see www.sahpra.com). Your licence application will only be finalised once you send the Department a copy of the licence issued to you by SAHPRA.

- The application process consists of the following sections, namely:
 - **PL01** – Pharmacy Premises and Ownership
 - **PL02** – Responsible Pharmacist
 - **PL03** – Compliance of Premises
 - **PL04** – Affidavit for the different sectors (**Note:** Only complete and submit the affidavit relevant to the category of pharmacy you have applied for)
 - **PL05** – Affidavit confirming change of ownership by previous licence holders
 - **PL06** - Affidavit confirming available pharmaceutical services
- The **non-refundable application fee** for Pharmacy Premises Licence is R1,000 (published in Government Gazette 25056, Notice 760), payable to the South African Pharmacy Council using the following banking details:

Bank	: Standard Bank
Account Type	: Cheque Account
Account Number	: 011885866
Branch Code	: 010145
Reference	: Pharmacy Trading Title (Name) / Y-Number



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Effective: 01 Jan 2022

II: THE LICENSING PROCESS

- Applicants are required to apply online on the website www.sapc.za.org (go to the “Members of the public tab”, Select “Apply for pharmacy licence”)
- **Only complete application forms will be processed.** Date of receipt will be taken as the day when **all** required documents are received (including the application fee);
- The application will be reviewed by the Department for the need to establish a pharmacy, and by the South African Pharmacy Council for compliance to Good Pharmacy Practice (GPP) requirements.
- The premises in respect of an application to licence a new community pharmacy premises, or the relocation of an existing community pharmacy may be subjected to a site inspection by the Department;
- The application will be reviewed by a Committee - taking into account all the information provided in the application, the inspection report by the Department, the Criteria for Licensing and the GPP recommendation of Council. The Committee recommendation will be submitted to the Director-General or delegated senior official of the Department for final decision. **Applicants are required to familiarise themselves with the Criteria for Licensing published on the Department of Health website (www.health.gov.za);**
- Further information may be required from the applicant in respect of their application;
- The Director-General, or delegated senior official, is entitled to issue or decline such a licence application. On approval, a licence shall be issued. If an application is declined, a letter of decline will be issued;
- The applicant will be informed collect the original document stating the outcome of their application or to send a courier (at own cost) to collect it;
- The licensing process takes approximately **90 days** from receipt of ALL required documents (including the GPP recommendation from the SAPC and GMP/GWP licence from SAHPRA) to finalise.
NOTE: The process may take longer should there be other processes that must be finalised prior to the issuing of the licence (e.g. withdrawal of existing pharmacy premises licence, request for further information from the applicant).

NB: Falsification of information or documents required (whether intentional or unintentional) forms ground for declining or subsequent withdrawal and cancellation of a licence

LEGISLATIVE CONSIDERATIONS:

Please note the following:

- Once a licence is issued, the pharmacy must be recorded **within 30 days** with the South African Pharmacy Council. **Trading may not begin until the pharmacy is recorded.**
- In terms of Section 14(h) of the Act, Council may decline to record a person or pharmacy that does not comply with the prescribed conditions.
- The Director-General may withdraw a licence should the licence holder not comply with any applicable Legislation.
- Should you wish to cancel your licence, kindly inform the Department of Health and the South African Pharmacy Council; and return the original licence to the Department.

The Checklists below may be used to ensure that all documents required for the online application are ready before applications are submitted.



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III: CHECKLISTS

IMPORTANT: Failure to submit outstanding information within 30 days of being informed will result in your application lapsing. You will then be required to complete and submit a new application for processing.

A: CHECKLIST FOR NEW PHARMACY APPLICATION

i. PL01: Form Completed in Full		Y	N	N/A
A	Completed in full (Alternative trading title compulsory for new pharmacy)			
B	The category of pharmacy is indicated on the form			
C	The classification of the application is marked (Note – only one may be selected)			
D	Not applicable for new pharmacy licence applications			X
E or F	Relevant section completed to confirm owner of pharmacy (i.e. Sole Trader, Partnership or Company)			
G	Details of person responsible for the application completed in full			
H	Services and activities completed in full (Not applicable to institutional pharmacies)			
I & J	Statutory declaration completed, signed and commissioned			
ii. PL02: Responsible Pharmacist Sections Completed in Full		Y	N	N/A
A	Details of pharmacist appointed as Responsible Pharmacist (RP) completed in full			
B	Details of person authorised to appoint RP completed in full			
C	Declaration completed and signed by both RP and authorised person			
iii. PL03: Premises Information Completed in Full		Y	N	N/A
	The name of the pharmacy premises indicated			
	The square meters of the pharmacy premises indicated			
	The Good Pharmacy Practice checklist for the premises is completed in full			
	The PL03 is signed			
iv. PL04: Affidavit By Owner Completed in Full		Y	N	N/A
	The PL04 is completed and signed by the owner / delegated person			
Attachments for New Pharmacy Premises Application		Y	N	N/A
	Certified copy of signed lease agreement/intent to lease of the pharmacy premises or proof of ownership of premises where premises are owned by applicant			
	Proof of payment of non-refunded application fee of R1,000-00			
	Certified copy of registration documents of Company as issued by the Company and Intellectual Property Commission (CIPC) (for company owners only)			
	Certified copy of Identity Documents (ID) of all directors appearing on CIPC registration document			
	Certified copy of ID(s) of Sole Traders (where applicable)			
	Certified copy of Identity Document of Responsible Pharmacist (RP)			
	Certified copy of registration card of RP South African Pharmacy Council			
	Duly signed resolution/mandate where person responsible for application is not owner			
	Letter of appointment of RP signed by owner or delegated person			
	Letter of acceptance signed by Responsible Pharmacist			
	Professionally drawn site plans, indicating the location of the pharmacy			
	Professionally drawn (to scale) floor plans of the pharmacy*			
	<i>*Refer to Good Pharmacy Practice Requirements, Fourth Edition, 2010</i>			
	Institutional Pharmacies ONLY - Copy of hospital licence issued by the relevant Provincial Department of Health (if already issued) or proof of application for a hospital licence			
Manufacturing and Wholesale Pharmacy Licence Applications ONLY – in addition to the above		Y	N	N/A
	Copy of Site Master File			
	Copy of licence issued in terms of Section 22C of the Medicines and Related Substances Act 101 of 1965, as issued by South African Health Products Regulatory Authority (where already available)			



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Effective: 01 Jan 2022

A: CHECKLIST FOR CHANGE IN OWNERSHIP OR CHANGE IN OWNERSHIP AND TRADING TITLE				
i. PL01: Form Completed in Full		Y	N	N/A
A	Completed in full (Note: Alternative Title not applicable for Change in ownership only)			
B	The category of pharmacy is indicated on the form			
C	The classification of the application is marked (Note – only one may be selected)			
D	Details pertaining to the existing pharmacy are completed in full			
E or F	Relevant section completed to confirm new/prospective owner of pharmacy (i.e. Sole Trader or Partnership or Company)			
G	Details of person responsible for the application completed in full			
H	Services and activities completed in full (Not applicable to institutional pharmacies)			
I & J	Statutory declaration completed, signed and commissioned			
ii. PL02: Responsible Pharmacist Sections Completed in Full		Y	N	N/A
A	Details of pharmacist appointed as Responsible Pharmacist (RP) completed in full			
B	Details of person authorised to appoint RP completed in full			
C	Declaration completed and signed by both RP and authorised person			
iii. PL03: Premises Information Completed in Full		Y	N	N/A
	The name of the pharmacy premises indicated			
	The square meters of the pharmacy premises indicated			
	The Good Pharmacy Practice checklist for the premises is completed in full			
	The PL03 is signed			
iv. PL04: Affidavit By Owner Completed in Full		Y	N	N/A
	The PL04 is completed and signed by the owner / delegated person			
v. PL05: Affidavit By Owner Completed in Full		Y	N	N/A
	The PL05 is completed in full by previous owner and commissioned			
Attachments for Change in Ownership or Change in Ownership and Trading Title		Y	N	N/A
	Covering letter indicating the details and reasons for the change in ownership of the pharmacy			
	Certified copy of signed lease agreement/intent to lease of the pharmacy premises or proof of ownership of premises where premises are owned by applicant with prospective owner details			
	Proof of payment of non-refunded application fee of R1,000-00			
	Certified copy of registration documents of Company as issued by the Company and Intellectual Property Commission (CIPC) of the current owner (where applicable)			
	Certified copy of registration documents of Company as issued by CIPC of the prospective new owner (where applicable)			
	Certified copy of Identity Documents (ID) of all Directors appearing on CIPC registration document or Sole Trader or Partners of current owner			
	Certified copy of Identity Documents (ID) of all Directors appearing on CIPC registration document or Sole Trader or Partners of prospective new owner			
	Certified copy of ID of Responsible Pharmacist (RP)			
	Certified copy of registration card of RP South African Pharmacy Council (SAPC)			
	Letter of appointment of RP signed by owner or delegated person			
	Letter of acceptance signed by Responsible Pharmacist			
	Certified copy of Department of Health Premises Licence (Not applicable to pharmacies established Pre-May 2003)			
	Proof of current registration/recording of the pharmacy with SAPC			
	Professionally drawn site plans, indicating the location of the pharmacy			
	Professionally drawn (to scale) floor plans of the pharmacy* <i>*Refer to Good Pharmacy Practice Requirements, Fourth Edition, 2010</i>			
	Duly signed resolution/mandate for person responsible for application (Note: Required for partnerships, more than 1 director in a Company or if the elected person is not the owner)			
	Institutional Pharmacies ONLY - Copy of hospital licence issued by the relevant Provincial Department of Health (if already issued) or proof of application for a hospital licence			
Manufacturing and Wholesale Pharmacy Licence Applications ONLY – in addition to the above		Y	N	N/A
	Copy of Site Master File			
	Copy of licence issued in terms of Section 22C of the Medicines and Related Substances Act 101 of 1965, as issued by South African Health Products Regulatory Authority (where already available)			



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A: CHECKLIST FOR RELOCATON ONLY OR RELOCATION AND CHANGE IN TRADING TITLE

i. PL01: Form Completed in Full		Y	N	N/A
A	Completed in full (Note: Alternative Title not applicable for Relocation only applications)			
B	The category of pharmacy is indicated on the form			
C	The classification of the application is marked (Note – only one may be selected)			
D	Details pertaining to the existing pharmacy are completed in full			
E or F	Relevant section completed to confirm new/prospective owner of pharmacy (i.e. Sole Trader or Partnership or Company)			
G	Details of person responsible for the application completed in full			
H	Services and activities completed in full (Not applicable to institutional pharmacies)			
I & J	Statutory declaration completed, signed and commissioned			
ii. PL02: Responsible Pharmacist Sections Completed in Full		Y	N	N/A
A	Details of pharmacist appointed as Responsible Pharmacist (RP) completed in full			
B	Details of person authorised to appoint RP completed in full			
C	Declaration completed and signed by both RP and authorised person			
iii. PL03: Premises Information Completed in Full		Y	N	N/A
	The name of the pharmacy premises indicated			
	The square meters of the pharmacy premises indicated			
	The Good Pharmacy Practice checklist for the premises is completed in full			
	The PL03 is signed			
iv. PL04: Affidavit By Owner Completed in Full		Y	N	N/A
	The PL04 is completed and signed by the owner / delegated person			
Attachments for Relocations only or Relocations and Change in Trading Title		Y	N	N/A
	Covering letter indicating the details of the relocation and reasons for relocation of the pharmacy			
	Certified copy of signed lease agreement/intent to lease of the pharmacy premises or proof of ownership of premises where premises are owned by applicant			
	Proof of payment of non-refunded application fee of R1,000-00			
	Certified copy of registration documents of Company as issued by the Company and Intellectual Property Commission (CIPC) of the owner (where applicable)			
	Certified copy of Identity Document(s) (ID) of all Directors appearing on CIPC registration document or Sole Trader or Partners of owner			
	Certified copy of ID of Responsible Pharmacist (RP)			
	Certified copy of registration card of RP South African Pharmacy Council (SAPC)			
	Letter of appointment of RP signed by owner or delegated person			
	Letter of acceptance signed by Responsible Pharmacist			
	Certified copy of Department of Health Premises Licence (Not applicable to pharmacies established Pre-May 2003)			
	Proof of current registration/recording of the pharmacy with SAPC			
	Professionally drawn site plans, indicating the location of the pharmacy			
	Professionally drawn (to scale) floor plans of the pharmacy* <i>*Refer to Good Pharmacy Practice Requirements, Fourth Edition, 2010</i>			
	Duly signed resolution/mandate for person responsible for application (Note: Required for partnerships, more than 1 director in a Company or if the elected person is not the owner)			
	Institutional Pharmacies ONLY - Copy of hospital licence issued by the relevant Provincial Department of Health (if already issued) or proof of application for a hospital licence			
Manufacturing and Wholesale Pharmacy Licence Applications ONLY – in addition to the above		Y	N	N/A
	Copy of Site Master File			
	Copy of licence issued in terms of Section 22C of the Medicines and Related Substances Act 101 of 1965, as issued by South African Health Products Regulatory Authority (where already available)			



The South African Pharmacy Council

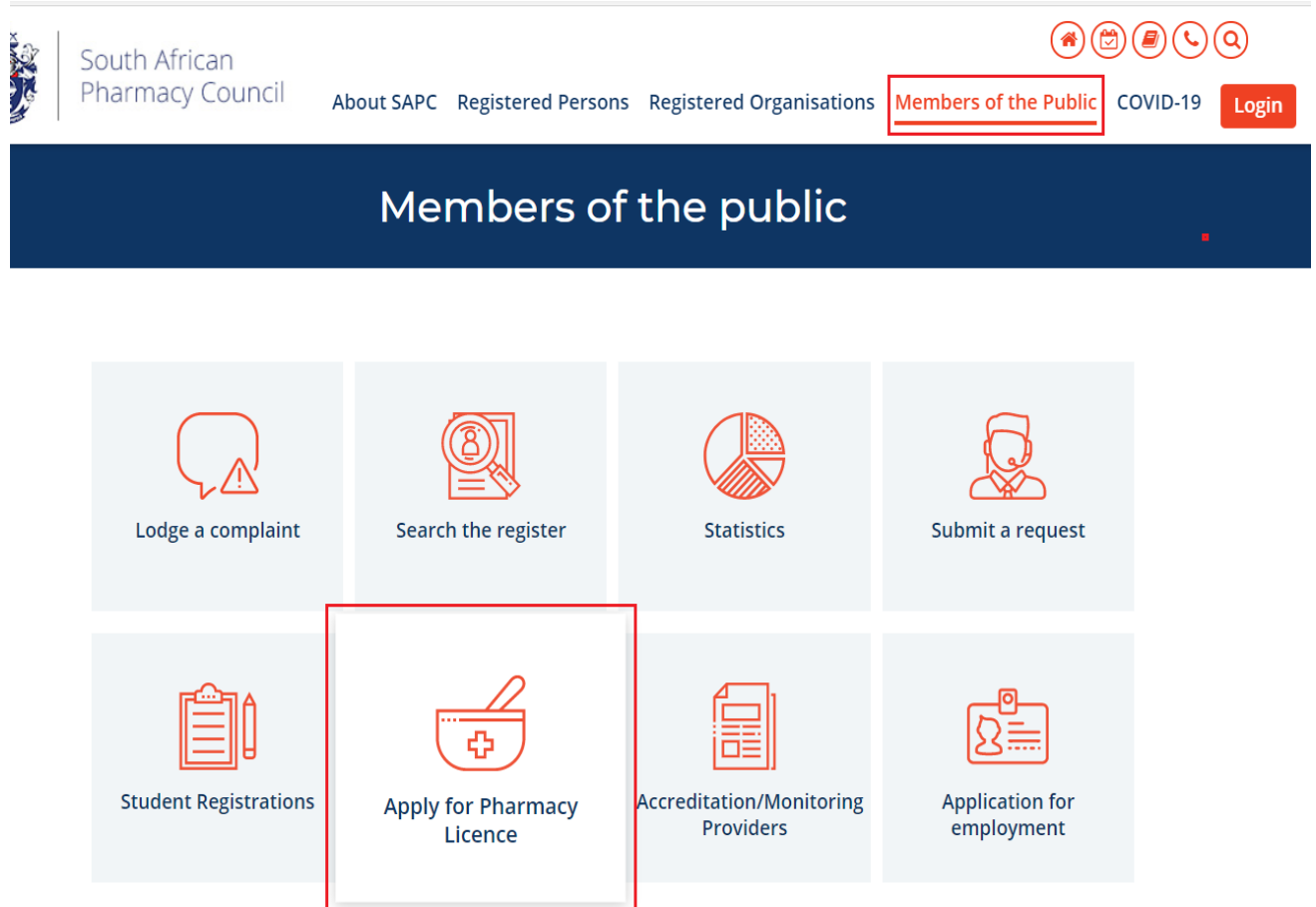
- 591 Belvedere Street, Arcadia, Pretoria, 0083 • PO Box 40040, Arcadia, 0007 • Tel 27 (12) 319-8500
- Fax: 27 (12) 321-1492 • Website: <http://www.pharmcouncil.co.za> • E-mail: customer@sapc.co.za

NDOH and SAPC license application User/Applicant manual

1. New username and password request.

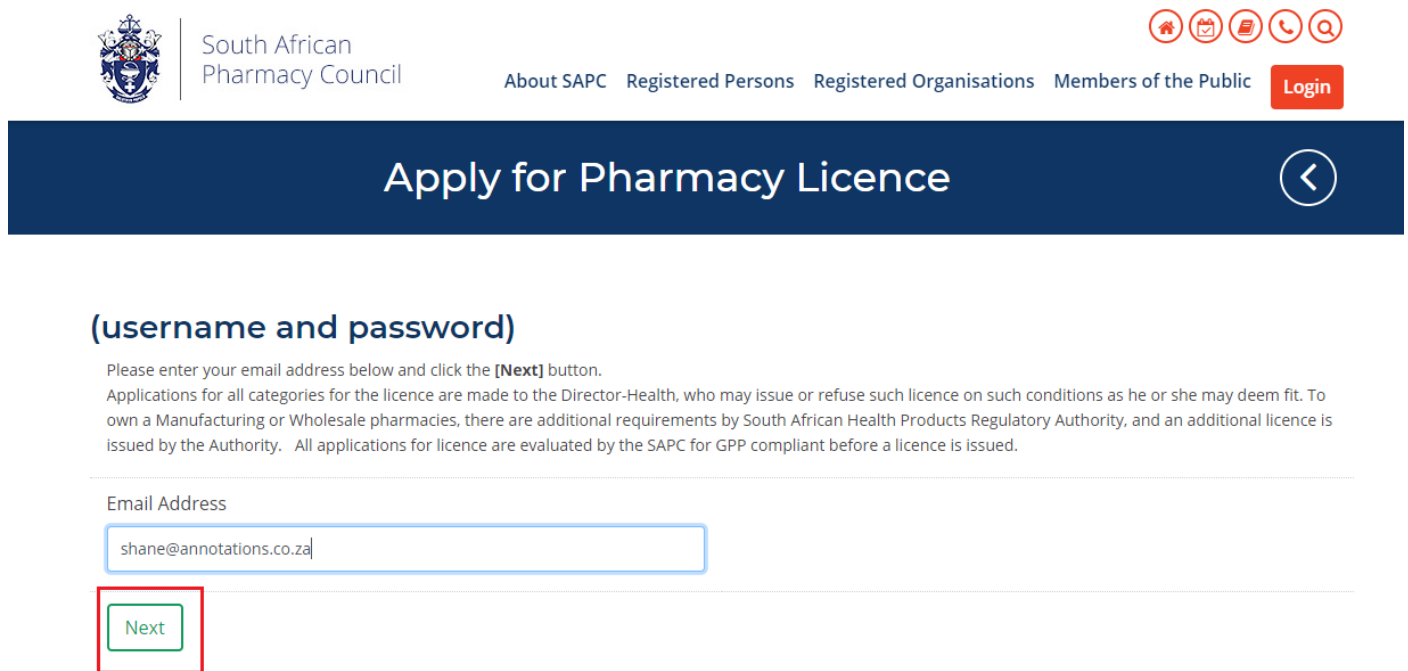
Go to www.sapc.za.org and click the **[Members of the Public]** tab on the main menu of the website. Select **[Apply for Pharmacy License]** page (fig.1.1).

Fig.1.1



Enter an email address to where the password should be sent and click the **[Next]** button (fig.1.2). If there is already a username and password associated with the email address entered, an option will be available to resend the username and password (fig.1.3).

Fig.1.2



South African Pharmacy Council

About SAPC Registered Persons Registered Organisations Members of the Public Login

Apply for Pharmacy Licence

(username and password)

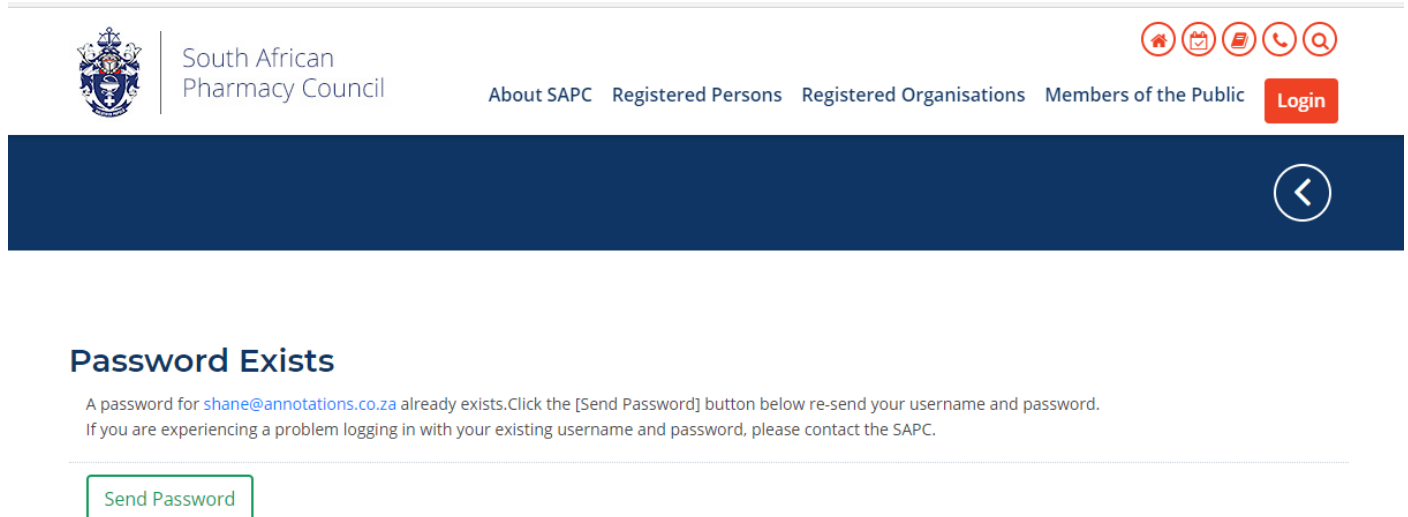
Please enter your email address below and click the **[Next]** button.

Applications for all categories for the licence are made to the Director-Health, who may issue or refuse such licence on such conditions as he or she may deem fit. To own a Manufacturing or Wholesale pharmacies, there are additional requirements by South African Health Products Regulatory Authority, and an additional licence is issued by the Authority. All applications for licence are evaluated by the SAPC for GPP compliant before a licence is issued.

Email Address

Next

Fig. 1.3



South African Pharmacy Council

About SAPC Registered Persons Registered Organisations Members of the Public Login

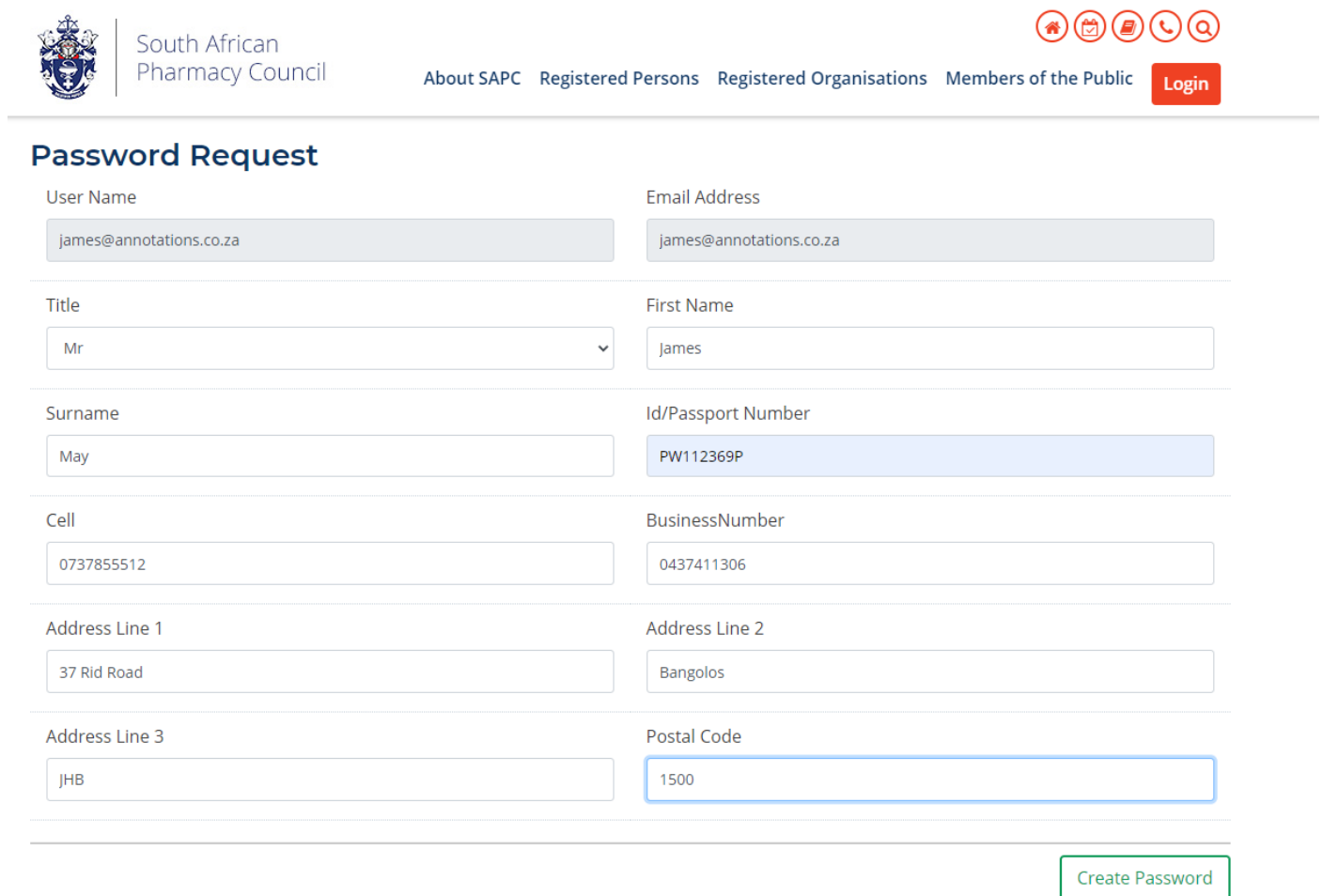
Password Exists

A password for shane@annotations.co.za already exists. Click the [Send Password] button below re-send your username and password. If you are experiencing a problem logging in with your existing username and password, please contact the SAPC.

Send Password

For a new username and password, complete all required fields on [Apply for Pharmacy License (username and password)] screen. Click the [Create Password] button (fig.1.4). Fig.1.5 message will be displayed when a username and password is successfully created. Login to your email account to retrieve your login details (fig.1.6).

Fig.1.4



The screenshot shows the 'Password Request' form on the South African Pharmacy Council website. The form is divided into two columns and contains the following fields:

- User Name:** james@annotations.co.za
- Email Address:** james@annotations.co.za
- Title:** Mr (dropdown menu)
- First Name:** James
- Surname:** May
- Id/Passport Number:** PW112369P
- Cell:** 0737855512
- BusinessNumber:** 0437411306
- Address Line 1:** 37 Rid Road
- Address Line 2:** Bangolos
- Address Line 3:** JHB
- Postal Code:** 1500

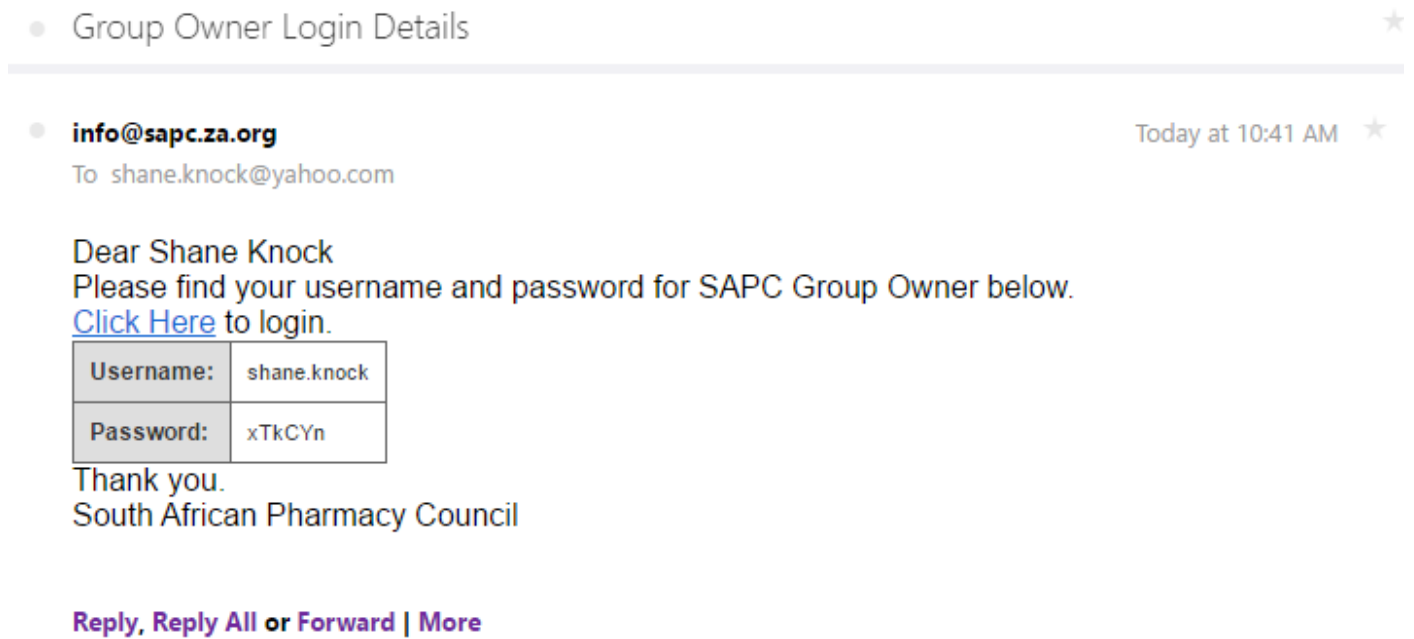
A green 'Create Password' button is located at the bottom right of the form.

Fig.1.5



Password sent successfully.

Fig.1.6



2. Apply for a new pharmacy license.

Go to www.sapc.za.org and click [**Login**] button and then the [**Group Owner Login**] page of the SAPC website (fig.2.1). Enter a username, password and click the [**Enter**] button(fig.2.2). On a successful login you will be redirected to the secure site dashboard screen (fig.2.3).

Fig.2.1

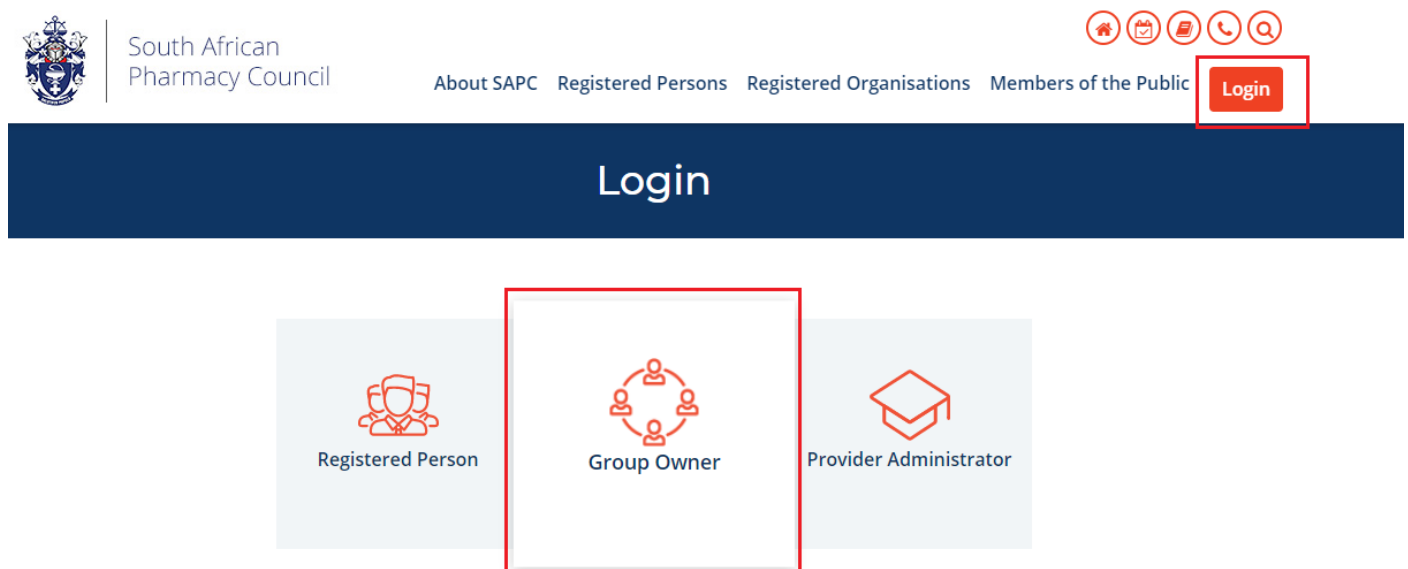


Fig.2.2



Group Owner Login



User Name

craig@e2.co.za

Password

.....

Enter

To enter a new pharmacy license application, either click the **[My Pharmacies]** tab on the main menu or the **[view/update your pharmacies]** link/image button found in the content of the dashboard page (fig.2.3).

Fig.2.3.

Shane Knock Dashboard **My Pharmacies** Finance My Profile Help Logout

South African Pharmacy Council

The South African Pharmacy Council has embarked on a Patient Information Campaign [click here](#)

Update your details
Please review and update your details at least once per quarter.
[Click here](#)

Communications
Ask questions or take the online poll
[Click here](#)

View/update your pharmacies
View/update pharmacy information.
[Click here](#)

Payments
View/pay or download invoices and receipts
[Click here](#)

Under [My Pharmacies] tab- locate the [NDOH Pharmacy License Applications] block and click the [New Pharmacy] link option (fig.2.4). This will redirect to the new pharmacy license page where all application information can be entered and submitted both to the NDOH and SAPC (fig.2.5).

NB: No application will be able to be submitted until all 6 sections are completed

Fig.2.4.

Shane Knock | Dashboard | My Pharmacies | Finance | My Profile | Help | Logout

South African Pharmacy Council

My Pharmacy Group(s) | View All

NDOH Pharmacy Licence Applications

- New Pharmacy**
- Change of Ownership
- Change of ownership and trading title
- Relocation
- Relocation and trading title
- My license application list

My Recordings/Licenses | Click Here to record/respond to evaluation shortcomings or to update/upload evaluation documents.

CSP Progression | Progress community service pharmacists

Calendar | Click here to view Events Calendar

Fig.2.5

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Click Here for general information and check list.

No application will be able to be submitted until all 6 sections are completed

1. Premises | 2. Responsible Pharmacist | 3. Owner Details | 4. Documents | 5. Questionnaire | 6. Services and Activities

Submit

Trading Title: Shanes Pharmacy | Alternative Title: Knocks Pharmacy

Premises Addresses

Physical | Postal | Courier

I. Premises

NB: No other section of the application can be completed until the [Premises] information has been entered and saved.

Enter all required fields under the [Premises] tab and click the [Save] button on the bottom right hand side of the screen (fig.3.1). A message will be displayed once successfully saved (fig.3.2). At this point the system can be exited and the rest of the application completed at a later stage. To continue with an application- Under [My Pharmacies] tab- locate the [NDOH Pharmacy License Applications] and click the [My License Application List] link (fig2.4). A list of all un-submitted application will be displayed. Clicking the [Select] link on the grid will redirect to the license application information page (fig.2.5).

Fig.3.1

Trading Title	<input type="text" value="Shanes Pharmacy"/>	Alternative Title	<input type="text" value="Knocks Pharmacy"/>
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Premises Addresses

Physical	Postal	Courier
<input type="text" value="18 Minute Road"/>	<input type="text" value="BOX 47"/>	<input type="text" value="18 Minute Road"/>
<input type="text" value="Hillcrest"/>	<input type="text" value="Hillcrest"/>	<input type="text" value="Hillcrest"/>
<input type="text" value="Cape Town"/>	<input type="text" value="Cape Town"/>	<input type="text" value="Cape Town"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="1700"/>	<input type="text" value="1700"/>	<input type="text" value="1700"/>

GPS Coordinates

[Click Here](#) to go Google maps.

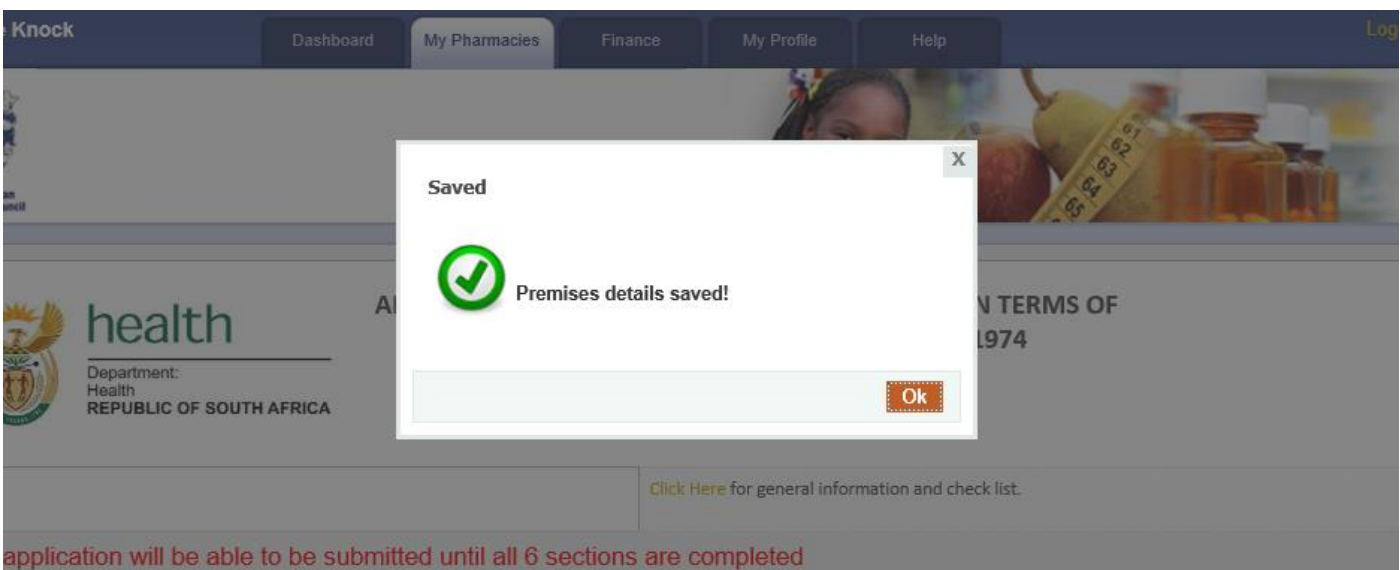
E	<input type="text" value="123"/>	Degrees	45	Minutes	55	Seconds
W	<input type="text" value="123"/>	Degrees	45	Minutes	55	Seconds

Classification/Category of Pharmacy

Classification/Category

Save

Fig.3.2



II. Responsible Pharmacist (RP)

Search the appointed RP using their “P” number registered with the SAPC. Enter the “P” number in the search text box provided and click the [**Search**] button. A summary of the RP details will appear under the [**Search Results**] section. Click the [**Add RP**] button to save the RP information. On a successful addition the RP information will appear under the [**Responsible Pharmacist Details**] section of the screen. If the “P” number is unknown/not found- Use the “Click Here” link to search the SAPC register (Fig.4.1).

Fig.4.1

The screenshot shows a web interface with a navigation bar at the top containing tabs: 1. Premises, 2. Responsible Pharmacist (selected), 3. Owner Details, 4. Documents, 5. Questionnaire, and 6. Services and Activities. Below the navigation bar is a 'Submit' button. The main content area has a note: 'NB: Using a "P" number ,search only Registered-Active Pharmacist/Community Service Pharmacist or [Click Here](#) to search the SAPC register.' Below this is a search section with a text box containing 'P99998' and a 'Search' button. Underneath is a 'Search Results' section with a table showing: P Number : P99998, Name : Mr. E2 Solutions TEST, and Role Type : Pharmacist. Below the table is an 'Add RP' button. At the bottom is a 'Responsible Pharmacist Details' section with a table showing: P Number : P99998 and Name : Mr. E2 Solutions TEST.

Responsible Pharmacist Details	
P Number	P99998
Name	Mr. E2 Solutions TEST

III. Owner Details

In some cases, the owner information might already exist on the SAPC register. In this circumstance- search the owner information by entering the CK (company no.)/National ID number (Sole Trader) in the text box provided and click the [**Search**] button. If the owner is found- information will automatically populate- enter all missing information and click the [**Save**] button at the bottom right of the screen. A message will be displayed on a successful save (fig.4.2). The owner details will be displayed on the owner list (fig4.4).

Fig.4.2

The screenshot shows a web interface with a navigation bar at the top containing tabs: 1. Premises, 2. Responsible Pharmacist, 3. Owner Details (selected), 4. Documents, 5. Questionnaire, and 6. Services and Activities. Below the navigation bar is a 'Submit' button. The main content area has a note: 'If details of the Close Corporation or Limited Company already exist with the SAPC, please use the [Textbox] below to search and select. Search using CK number , National ID number for sole Proprietor or select an [Owner Type] to add new owner details.' Below this is an 'Owner Search' section with a text box containing '2014/181513/000' and a green 'Search' button. Below the search section is a message: 'No owner listed !'. Underneath is a section for adding new members with a dropdown for 'Owner Type' set to 'Company'. Below this are text boxes for 'Name of Company / Close Corporation' containing 'Mpanda Multipurpose PTY' and 'Certificate of Incorporation No.' containing '2014/181513/07'. At the bottom is an 'Addresses' section.

Owner Search	
Owner Search :	2014/181513/000

No owner listed !

Add New Member	
Owner Type	Company
Name of Company / Close Corporation	Mpanda Multipurpose PTY
Certificate of Incorporation No.	2014/181513/07

To enter new owner information, select the [**Owner Type**] from the dropdown list provided and complete the required fields on the form (fig.4.3). Click the [**Save**] button at the bottom right of the screen. A message will be displayed on a successful save. The owner details will be displayed on the owner list (fig4.4).

Fig.4.3

In order to add more members please select an owner type below.

Owner Type

Name of Company / Close Corporation

Certificate of Incorporation No.

Addresses

Physical	Postal	Domicilium citandi et exuctandi [?]
<input type="text" value="1788 Section"/>	<input type="text" value="1788 Section"/>	<input type="text" value="1788 Section"/>
<input type="text" value="Botshabelo"/>	<input type="text" value="Botshabelo"/>	<input type="text" value="Botshabelo"/>
<input type="text" value="Free State"/>	<input type="text" value="Free State"/>	<input type="text" value="Free State"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="1230"/>	<input type="text" value="1230"/>	<input type="text" value="1230"/>

Fig.4.4

1. Premises 2. Responsible Pharmacist 3. Owner Details 4. Documents 5. Questionnaire 6. Services and Activities

Submit

If details of the Close Corporation or Limited Company already exist with the SAPC, please use the [Textbox] below to search and select. Search using CK number , National ID number for sole Proprietor or select an [Owner Type] to add new owner details.

Owner Search :

Name	Type	Postal Address	Domicilium citandi et exuctandi Address	
Mpanda Multipurpose PTY	Company	1788 Section, Botshabelo, Free State, 1230	1788 Section, Botshabelo, Free State, 1230	Delete

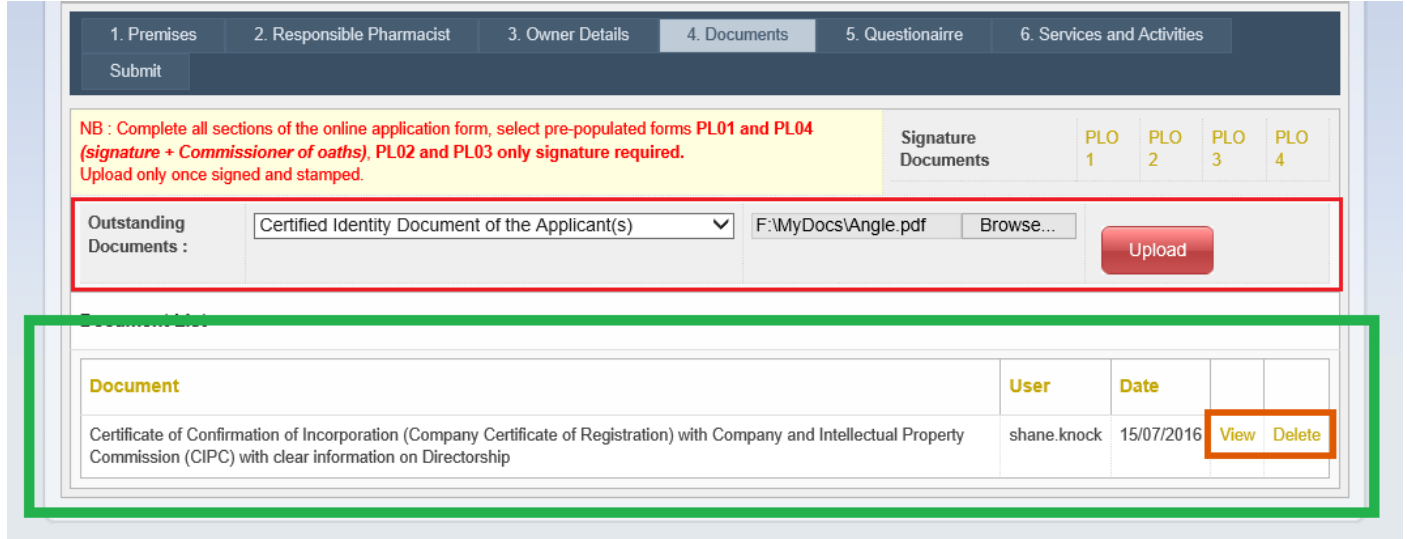
In order to add more members please select an owner type below.

Owner Type

IV. Documents

To upload supporting documentation- Browse to the file on your computer, select the document type from the [Outstanding Documents] dropdown list and click the [Upload] button. A message will be displayed on a successful upload and the document will appear on the [Document List] grid. To update an already uploaded document, simply delete the document using the [Delete] link on the [Document List] grid and upload the updated version (fig.4.5)

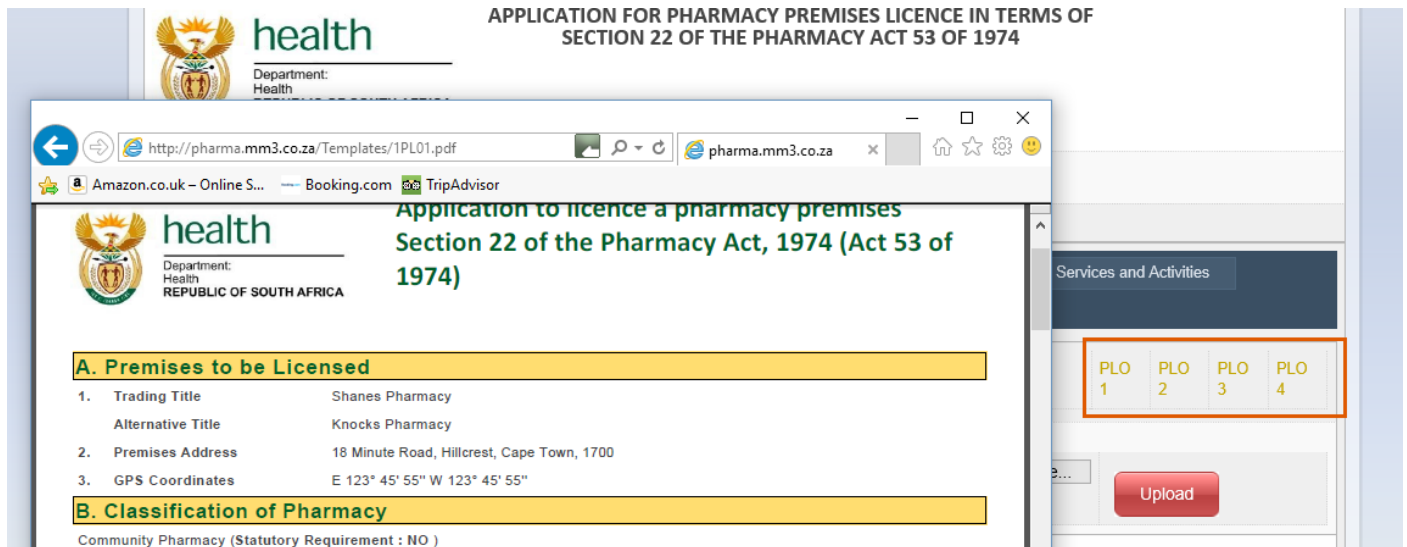
Fig.4.5



PL01, PL02, PL03 and PL04

Complete all sections of the online application form, select pre-populated forms **PL01 and PL04 (signature + Commissioner of oaths)**, **PL02 and PL03 only signature required**. Upload only once signed and stamped (fig.4.6).

Fig.4.6



V. Questionnaire

To complete the questionnaire section- Answer all questions using the “Complies/Does not comply” dropdown options. Once all questions have been answered, click the **[Next]** button at the bottom right hand side of the screen. This will load the next set of questions (fig.4.7), **[General]** being the final section (fig.4.8).

NB: All questions need to be answered “Complies” in order for the [Questionnaire] to comply.

Fig.4.7

SUPPORTING DOCUMENTATION

The following information must be submitted to Council as proof of compliance with Good Pharmacy Practice for purposes of recommendations made by Council to the National Department of Health for the issuing of a license by the Director-General for a premises wherein or from which the business of a pharmacy shall be carried out in terms of the Pharmacy Act 53 of 1974 as amended:

1. A letter of appointment for the responsible pharmacists; NB. No pharmacist may be a responsible pharmacy for more than one pharmacy	Complies
2. A letter of acceptance of the above appointment	-- Select --
3. Copy of the site plan of the building indicating the location of the pharmacy premises in relation to adjoining or surrounding businesses and access to and from the premises	Complies Does not comply
4. Copy of the professionally drawn floor plan indicating the actual layout of the pharmacy premises drawn to scale with exact measurements	-- Select --
5. Signed affidavit regarding eligibility, ownership and compliance with standards (must be signed by sole proprietor, all partners of the partnership, all members of the Close Corporation, all shareholders of a Private Company and all Directors of a Public Company)	-- Select --
6. In case of a Close Corporation the latest CK2 (as approved)	-- Select --
7. In case of a company a copy of the Certificate of Incorporation (Change of name if applicable) and the latest CM29	-- Select --
8. If applicable, schedules from the auditors certifying the names of the directors and shareholders	-- Select --
9. A bank guaranteed cheque or proof of payment of the license application fee made payable to the SAPC	-- Select --

Back **Next**

Fig.4.8

INFORMATION RELATING TO COMPLIANCE WITH GOOD PHARMACY PRACTICE TO BE SUBMITTED IN SUPPORT OF AN APPLICATION FOR A LICENSE FOR A PHARMACY PREMISES TO BE ISSUED IN TERMS OF THE REGULATIONS RELATING TO THE OWNERSHIP AND LICENSING OF PHARMACIES PUBLISHED IN TERMS OF THE PHARMACY ACT 53 OF 1974 AS AMENDED

GENERAL

The application must be signed and sworn in the presence of a commissioner of oath.

10. The application must be signed and sworn in the presence of a commissioner of oath. Complies

Back **Next**

VI. Services and Activities

Enter answers in the text boxes provided and click the **[Save]** button at the bottom right hand side of the screen. Not all answers need to be completed in order to save, but all question need to be answered in order for the section to be complete (Fig.4.9).

Fig.4.9

1. Premises 2. Responsible Pharmacist 3. Owner Details 4. Documents 5. Questionnaire 6. Services and Activities

Submit

6. The benefit to members of the specific community which the pharmacy intends serving

The benefit to members of the specific community which the pharmacy intends serving

7. The extent of the provision of services to persons outside the service area and the extent and nature of the availability of pharmaceutical services in the nearby areas

The extent of the provision of services to persons outside the service area and the extent and nature of the availability of pharmaceutical services in the nearby areas

Save

VII. Submit

All sections need to be complete in order to submit the application both to the NDOH and the SAPC. The **[Submit]** section highlights any incomplete or non-compliant sections (fig.4.9). These will all need to be Complete/Compliant in order to have the **[Proceed to payment]** option (fig.4.9.1).

Fig.4.9

1. Premises 2. Responsible Pharmacist 3. Owner Details 4. Documents 5. Questionnaire 6. Services and Activities

Submit

Application Progress

Section	Status
1. Premises	Complete
2. Responsible Pharmacist	Complete
3. Owner Details	Incomplete
4. Documents	Incomplete
5. Questionnaire	Non Compliant
6. Services and Activities	Incomplete

Fig.4.9.1

1. Premises	2. Responsible Pharmacist	3. Owner Details	4. Documents	5. Questionnaire	6. Services and Activities
-------------	---------------------------	------------------	--------------	------------------	----------------------------

Submit

Application Progress

Section	Status
1. Premises	Complete
2. Responsible Pharmacist	Complete
3. Owner Details	Complete
4. Documents	Complete
5. Questionnaire	Compliant
6. Services and Activities	Complete




[Proceed to payment](#)

Submit Application

[Proceed to payment] – This will redirect to the online application payment page (Fig.5). Choose a payment type from the options provided and click the **[Next]** button at the bottom right hand side of the screen.

Fig.5

Application Cost (VAT inclusive) : R 1000.00

Payment Options	Premise Details								
 <input type="radio"/> Credit Card / Payment Gateway Please note that no approval will be granted until payment confirmation is received from the financial institution.	<table border="1"> <tr> <td>Trading Title</td> <td>Shanes Pharmacy</td> </tr> <tr> <td>Alternate Trading Title</td> <td>Knocks Pharmacy</td> </tr> <tr> <td>Category/Classification</td> <td>Community Pharmacy</td> </tr> <tr> <td>Physical Address</td> <td>18 Minute Road, Hillcrest, Cape Town, 1700</td> </tr> </table>	Trading Title	Shanes Pharmacy	Alternate Trading Title	Knocks Pharmacy	Category/Classification	Community Pharmacy	Physical Address	18 Minute Road, Hillcrest, Cape Town, 1700
Trading Title	Shanes Pharmacy								
Alternate Trading Title	Knocks Pharmacy								
Category/Classification	Community Pharmacy								
Physical Address	18 Minute Road, Hillcrest, Cape Town, 1700								
 <input type="radio"/> EFT / Bank deposit Please note that by paying via EFT or by Direct Deposit, the application cannot be completed unless proof of payment has been uploaded. There may be a lead time of up to 14 days for the final processing of the application in order to complete all processes. Kindly ensure that you use the Y/P number as the beneficiary reference on such deposit or transfer. An Application will not be processed until funds have been cleared.	<table border="1"> <tr> <td>Name :</td> <td>Shane Knock</td> </tr> <tr> <td>Cell Number :</td> <td>0737855512</td> </tr> <tr> <td>Business Number :</td> <td>0437411306</td> </tr> <tr> <td>Email Address :</td> <td>shane.knock@yahoo.com</td> </tr> </table> <p>Click Here to update contact information.</p>	Name :	Shane Knock	Cell Number :	0737855512	Business Number :	0437411306	Email Address :	shane.knock@yahoo.com
Name :	Shane Knock								
Cell Number :	0737855512								
Business Number :	0437411306								
Email Address :	shane.knock@yahoo.com								
 <input type="radio"/> SID Instant EFT SA's most trusted alternative payment method to credit card. Pay via your trusted Internet Banking facility									

[Next >](#)

In this example we have chosen the [EFT] payment option. With this option it is necessary to upload proof of payment before submitting the application. Once proof of payment has been uploaded, click the [Save] button at the bottom right hand side of the screen(fig5.1). A message will be displayed on a successful submission (fig.5.2).

Fig 5.1

EFT / Bank Deposit Payment

Summary

Application : Pharmacy Premises Application for Licensing
Cost : R 1000.00

Please note that by paying via EFT or by Direct Deposit, the application cannot be completed unless proof of payment has been uploaded. There may be a lead time of up to 14 days for the final processing of the application in order to complete all processes. Kindly ensure that you use the Y number as the beneficiary reference on such deposit or transfer. An Application will not be processed until funds have been cleared.

Proof Of Payment

Proof of payment is not compulsory at this stage. However no case will be created until proof of payment has been uploaded using the pending/history application page.

F:\MyDocs\Angle.pdf

Fig.5.2

Application submitted successfully !

Summary

Application : Pharmacy Premises Application for Licensing
Cost : R 1000.00

Your application has been submitted successfully! A SMS will be sent to **0737855512** confirming your application case number.
Thank you.
SAPC

[Click here](#) to view history/pending application.

Developed/Reviewed/Approved		
Name and Designation	Date	Version
Vuyo Mokoena: Senior Manager Professional Affairs - Practice	September 2016	Version 1
Signature	Date	