



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

LU-PL1.0, Rev 0

Effective: 01 Jan 2022

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.



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II: THE LICENSING PROCESS

Applicants are required to apply online on the website www.sapc.za.org

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 ne



Department:
Health
REPUBLIC OF SOUTH AFRICA

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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
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A Completed in full (**Alternative trading title compulsory for new**)



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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)			

