



Government Gazette Staatskoerant

REPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID-AFRIKA

Vol. 462

Pretoria, 18 December 2003
Desember 2003

No. 25843



AIDS HELPLINE: 0800-0123-22 Prevention is the cure

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GOVERNMENT NOTICE

DEPARTMENT OF HEALTH

No. 1828

18 December 2003

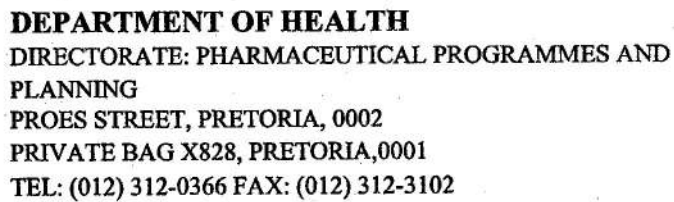
PHARMACY ACT 1974 (ACT NO. 53 OF 1974)

APPLICATION FORMS FOR PHARMACY PREMISES :AMENDMENT

In terms of section 22(1) of the Pharmacy Act, 1974 and regulation 8(1) (a) of the Regulations Relating to the Ownership and Licensing of Pharmacies made in terms of the Pharmacy Act, a person desiring to own a pharmacy shall submit to the Director-General a duly completed application on a form approved by the Director-General.

The forms referred to above were published under Government Notice No 761 in Government Gazette No 25056 of 3 June 2003. An amendment to the forms is hereby published for general information.

DIRECTOR-GENERAL: HEALTH



Please print and use black ink to complete																For Office Use Only									
* 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																									
* Identity Number of Applicant																									
* Category of premises to be licenced										Community				Institutional				Consultant							
* Full Names of Owners/Company/Close Corporation (If different from applicant)																									
* Contact Address																									
* Telephone Number																									
E-mail address																									
* SECTION B: PARTICULARS OF RESPONSIBLE PHARMACIST																									
* Full Names of Responsible Pharmacist																									
* Contact Address																									
* Telephone Number																									
E-mail address																									
* Qualification																									
* Registration Number with the South African Pharmacy Council																									
* Identity Number of Responsible Pharmacist																									

Application for a Licence for Pharmacy Premises

Please print and use black ink to complete		For Office Use Only	
SECTION C: PARTICULARS OF PREMISES			
* Pharmacy Name (Proposed trading title)			
* Alternative trading title:			
* Postal Address of Premises			
	Postal Code		
* Physical Address of Premises			
	Code		
* Contact Telephone Number			
Contact Fax Number			
E-mail address			
Supply current licence or registration number.			
* SECTION D: CRITERIA FOR A LICENCE			
1. The exact geographic location of the premises.			
2. Will the licence holder be able to comply with Good Pharmacy Practice as determined by the South African Pharmacy Council?			
* SECTION E: INFORMATION OF PREMISES			
I the above applicant declare that:		m ²	
1. The size of the premises is	Yes	No	
2. There will is a separate facility for washing hands.	Yes	No	
3. There is a separate facility for cleaning equipment	Yes	No	
4. The pharmacy will be suitable located in the institution.	Yes	No	
5. A responsible pharmacist is present at all times during business hours.	Yes	No	
6. The premises is kept clean	Yes	No	
7. The floor surface is of impermeable material.	Yes	No	
8. All working surfaces are finished with a smooth impermeable and washable material.	Yes	No	
9. All cubboards and shelves are finished with a smooth impermeable and washable material.	Yes	No	
10. A registered pharmacist only is in possession of the keys of the pharmacy.	Yes	No	
11. There is adequate and sufficient lighting.	Yes	No	
12. The temperature in the dispensary is below 25° C	Yes	No	
13. The total floor area is sufficient for the efficient operation of staff.	Yes	No	
14. There is a suitable waiting area, in accordance with Good Pharmacy Practice (GPP) guidelines.	Yes	No	
15. There is a suitable semi-private area for the provision of information and advice in accordance with GPP guidelines	Yes	No	
16. All Scheduled medicines are stored/displayed in areas inaccessible to the public	Yes	No	
17. The receiving area for deliveries is clearly defined and effectively separated from the pharmacy	Yes	No	
18. The pharmacy is suitably situated in the hospital (institutional pharmacies only)	Yes	No	
19. Security measures are in place to prevent unauthorised entry	Yes	No	
20. A fridge for heat sensitive pharmaceuticals and vaccines is available	Yes	No	

Application for a Licence for Pharmacy Premises

Please print and use black ink to complete		
21. Access to the premises will be: (Indicate one only. Mark with a X)	Via independent entrance to and from the premises Share joint entrance with another/adjoining premises Both independent entrance and shared entrance	
22. Will medicines/stock be stored away from the pharmacy premise outlined in Section C? If yes, please supply details of other premises/storage where medicines/stock will be stored:	Yes	No
*SECTION F: SUPPORTING DOCUMENTATION MARK WITH X		
The following documentation is submitted in support of this application:		For Office Use Only
1. A letter of appointment for the responsible pharmacist for the pharmacy	<input type="checkbox"/>	
2. A letter of acceptance of the above appointment in which the responsible pharmacist declares that he/she accepts such appointment,	<input type="checkbox"/>	
3. 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.	<input type="checkbox"/>	
4. Copy of the plan of the layout of the actual pharmacy premises drawn to scale, in which points 2, 3, 14, 15 and 16 indicated in SECTION E can be clearly identified.	<input type="checkbox"/>	
5. Affidavit regarding eligibility, ownership and compliance with standards as required in terms of Regulations 3, 4, 5, 6 and 7 of the Regulations Relating to the Ownership and Licensing of Pharmacies (sole proprietor), all partners of the partnership, all members of the Close Corporation or shareholders of the company.	<input type="checkbox"/>	
6. In case of a Close Corporation the latest CK2 (as approved)	<input type="checkbox"/>	
7. In case of a company a copy of the Certificate of Incorporation (Change of Name Certificate if applicable) and the latest CM29.	<input type="checkbox"/>	
8. Schedules from the auditors certifying the names of the directors and shareholders.	<input type="checkbox"/>	
9. Certified copy of the Agreement of Sale.	<input type="checkbox"/>	
10. Affidavit indicating that the pharmacy will not be relocated to new premises.	<input type="checkbox"/>	
11. A bank guaranteed cheque for the fees as published in the Government Gazette made payable to the South African Pharmacy Council	<input type="checkbox"/>	

Application for a Licence for Pharmacy Premises

***SECTION G: DECLARATION BY THE APPLICANT**

- i) The above pharmacy will be conducted under the direct personal supervision of a responsible pharmacist.
 ii) The Director-General 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:**

D D

M M

Y Y Y Y

***SECTION H: DECLARATION BY COMMISSIONER OF OATHS**

SIGNED and SWORN at _____

on this _____ day of _____ in the
 year _____, the deponent (applicant) having
 acknowledged that he/she understands the contents of this
 declaration.

acknowledged that he/she knows and understands

the contents of this declaration

SIGNATURE OF COMMISSIONER OF**OATHS :**

DATE: _____

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 DEPARTMENT OF HEALTH**



PROES STRAAT, PRETORIA, 0002
PRIVAAT SAK X828, PRETORIA, 0001
TEL: (012) 312-0366 FAKS: (012) 312-3102

Voltooi asseblief in drukskrif en swart ink

Vir Kantoor Gebruik

*** AFDELING A: INLIGTING VAN APTEEK EIENAAR**

* Apteek Eienaar	Maatskappy	Beslote Korporasie	Vennootskap	Alleen Eienaar
* Identiteitsnommer van Eienaar				
* Maatskappy/ *Beslote Korporasie Registrasie nommer				
* Volle Name van Aansoeker				
* Identiteitsnommer Van Aansoeker				
* Kategorie van perseel wat gelisensieer moet word	Gemeenskap	Inrigting	Konsultant	
Volle Name van Eienaar/ Maatskappy/ Beslote Korporasie. Indien anders as aansoeker)				
* Kontak Adres				
* Telefoonnommer				
E-pos adres				

*** AFDELING B: INLIGTING VAN VERANTWOORDELIKE APTEKER**

[illegible]

AANSOEK OM 'N LISENSIE VIR 'N APTEEKPERSEEL

Voltooi asseblief in drukskrif en swart ink		Vir Kantoor Gebruik	
AFDELING C: PERSEEL INLIGTING			
*Aptek Naam (Voorgestelde Handelsnaam)			
* Alteratiewe Handelsnaam:			
* Posadres van Perseel			
	Poskode		
* Fisiese Adres van Perseel			
	Kode		
* Kontak Telefoonnommer			
Kontak Faksnommer			
E-pos Adres			
Voorsien die huidige lisensie of registrasie nommer.			
* AFDELING D: KRITERIA VIR 'N LISENSIE			
1. Die presiese geografiese ligging van die perseel.			
2. Sal die lisensiehouer in staat wees om te voldoen aan die vereiste van Goeie Farmaseutiese Praktyk soos deur die Suid Afrikaanse Aptekersraad bepaal word?			
* AFDELING E: INLIGTING VAN PERSEEL			
EK, die bogenoemde applikant verklaar dat:			
1. Die grootte van die perseel is			m ²
2. Daar is/ sal 'n aparte fasiliteit wees om hande te was	Ja	Nee	
3. Daar is/sal 'n aparte fasiliteit wees vir die skoonmaak van toerusting	Ja	Nee	
4. Die apteek sal toepaslik geleë wees in die inrigting	Ja	Nee	
5. 'n Verantwoordelike apteker sal ten alle tye gedurende besigheidsure teenwoordig wees	Ja	Nee	
6. Die perseel sal skoon gehou word	Ja	Nee	
7. Die vloeroppervlakte sal van 'n ondeurdringbare materiaal wees	Ja	Nee	
8. Alle werksoppervlaktes sal afgewerk wees met 'n gladde ondeurdringbare en wasbare	Ja	Nee	
9. Alle kaste en rakke sal afgewerk wees met 'n gladde ondeurdringbare en wasbare materiaal	Ja	Nee	
10. Alleenlik 'n geregistreerde apteker sal in besit wees van die sleutels van die apteek	Ja	Nee	
11. Daar sal genoegsame en voldoende beligting wees.	Ja	Nee	
12. Die temperatuur in die resepteerafdeling sal onder 25°C wees	Ja	Nee	
13. Die totale vloeroppervlakte sal voldoende wees vir effektiewe werksverrigting	Ja	Nee	
14. Daar sal 'n geskikte wagarea in ooreenstemming met Goeie Farmaseutiese Praktyk (GFP) riglyne wees	Ja	Nee	
15. Daar sal 'n semi-private area wees vir die voorsiening van inligting en advies in ooreenstemming met GFP riglyne.	Ja	Nee	

AANSOEK OM 'N LISENSIE VIR 'N APTEEKPERSEEL

Voltooi asseblief in drukskrif en swart ink		
16. Alle geskeduleerde medisyne sal geberg/uitgestal word in areas wat ontoeganklik is vir die publiek.	Ja	Nee
17. Die ontvangsarea vir aflewings sal duidelik aangedui en effektief afgesonder van die res van die apteek wees	Ja	Nee
18. Die apteek sal toepaslik geleë wees in die hospitaal	Ja	Nee
19. Sekuriteitsmaatreëls is in plek om ongemagtigde toegang te voorkom	Ja	Nee
20. 'n Yskas vir hitte-sensitiewe medisyne en entstowwe sal beskikbaar wees.	Ja	Nee
21. Toegang tot die perseel sal wees:	Alleenlik deur 'n aparte ingang na en van die perseel Gedeelde gesamentlike toegang met ander /aangrensende persele Beide onafhanklike en gedeelde toegang	
(Dui aan. Merk met 'n X)		
22. Sal medisyne/voorraad op 'n ander plek as aangedui in Afdeling C geberg word?	Ja	Nee
Indien ja, voorsien asseblief besonderhede van die ander persele/store waar medisyne/voorraad geberg sal word:		
.....		
*AFDELING F: ONDERSTEUNENDE DOKUMENTASIE		MERK MET X
Die volgende dokumentasie word voorsien ter stawing van hierdie aansoek:		Vir Kantoer Gebruik
1. 'n Aanstellingsbrief vir die verantwoordelike apteker van bogenoemde apteek	<input type="checkbox"/>	
2. 'n Brief van aanvaarding van bogenoemde aanstelling waarin die verantwoordelike apteker verklaar dat hy/sy die aanstelling aanvaar, sowel as die verpligtinge en verantwoordelikhede van 'n verantwoordelike apteker soos uiteengesit in Regulasie 28 van die Regulasies met Betrekking tot die Praktijk van Apteekwese.	<input type="checkbox"/>	
3. 'n Afskrif van die terrein en vloerplan van die gebou waarin die ligging van die apteekperseel aangedui word in verhouding tot die aangrensende of omringende besighede en toegang tot en van die	<input type="checkbox"/>	
4. 'n Plan van die uitleg van die beplande apteek perseel geteken op skaal waarin punte 2, 3, 14, 15 en 16 soos aangedui in Afdeling E duidelik geïdentifiseer kan word.	<input type="checkbox"/>	
5. 'n Beëdigde verklaring aangaande verantwoordelikheid, eienaarskap en nakoming van standaarde soos vereis in terme van Regulasies 2, 3, 4, 5, 6 en 7 van die Regulasies Betreffende die Eienaarskap en Lisensiëring van Apteke voltooi deur die eienaar (alleen-eienaar), alle vennote van die vennootskap, alle lede van die Beslote Korporasie of aandeelhouders van die maatskappy.	<input type="checkbox"/>	
6. In die geval van 'n Beslote Korporasie die nuutste CK2 (Soos goedgekeur)	<input type="checkbox"/>	
7. In die geval van 'n Maatskappy 'n gesertifiseerde afskrif van die Sertifikaat van Inkorporasie (Naamsveranderingsertifikaat indien van toepassing) en die nuutste CM29.	<input type="checkbox"/>	

AANSOEK OM 'N LISENSIE VIR 'N APTEEKPERSEEL

*AFDELING F: ONDERSTEUNENDE DOKUMENTASIE (VERVOLG)	MERK MET
8. Skedules vanaf ouditeure wat die name van die direkteure en aandeelhouders sertifiseer.	<input type="checkbox"/>
9. 'n Gesertifiseerde afskrif van die Ooreenkoms van Verkoop	<input type="checkbox"/>
10. 'n Beëdigdeverklaring wat aandui dat die perseel nie verskuif sal word nie	<input type="checkbox"/>
11. 'n Bank gewaarborgde tjek uitgemaak aan die Suid Afrikaanse Aptekersraad vir die fooie soos aangedui in die Staatskoerant.	<input type="checkbox"/>

*AFDELING G: VERKLARING DEUR DIE APPLIKANT

- i) Bogenoemde apteek sal bedryf word onder direkte persoonlike toesighouding van die verantwoordelike apteker.
 ii) Die Direkteur-Generaal sal in kennis gestel word van enige wesenlike verandering binne 30 dae vanaf sulke
 iii) Die inligting verskaf is waar en korrek.
 iv) Ek gee hiermee toestemming vir 'n inspeksie in terme van die toepaslike Wetgewing.

AANSOEKER SE HANDTEKENING:

DATUM:

D D

M M

J J J J

*AFDELING H: VERKLARING DEUR KOMMISSARIS VAN EDE

GETEKEN en BëEDIG te _____
 op hierdie _____ dag
 van _____, die
 die jaar _____, die verklaarder (applikant)
 erken dat hy/sy die inhoud van hierdie verklaring
 verstaan

HANDTEKENING VAN KOMMISSARIS
 COMMISSIONER OF

VAN EDE :

DATUM: _____

STEMPEL

Volle name, hoedanigheid, adres en kontak besonderhede van
 Kommissaris van Ede

ALLEENLIK OORSPRONLIKE DOKUMENTE OF GESERTIFISEERDE AFSKRIFTE WAAR TOEPASLIK
 SAL AANVAAR WORD DEUR DIE DEPARTEMENT VAN GESONDHEID



DEPARTEMENT VAN GESONDHEID

PROES STRAAT, PRETORIA, 0002
PRIVAAT SAK X828, PRETORIA, 0001
TEL: (012) 312-0366 FAKS: (012) 312-3102

AANSOEK OM 'N LISENSIE VIR DIE PERSEEL WAARIN OF WAARVAN DIE BESIGHEID VAN 'N APTEEK GEDOEN SAL WORD IN TERME VAN DIE WET OP APTEKERS, 1974 (WET 53 VAN 1974) SOOS GEWYSIG (NUWE EN VERSKUIWING)

Voltooi asseblief in drukskrif en swart ink															Vir Kantoor Gebruik														
* AFDELING A: INLIGTING VAN APTEEK EIENAAR																													
* Aptek Eienaar										Maatskappy					Beslote Korporasie					Vennootskap					Alleen Eienaar				
* Identiteitsnommer van Eienaar																													
* Maatskappy/ *Beslote Korporasie Registrasie nommer																													
* Volle Name van Aansoeker																													
* Identiteitsnommer Van Aansoeker																													
* Kategorie van perseel wat gelisensieer moet word										Gemeenskap					Inrigting					Konsultant									
Volle Name van Eienaar /Maatskappy /Beslote Korporasie (Indien verskillend van aansoeker)																													
* Kontak Adres																													
* Telefoonnommer																													
E-pos adres																													
* AFDELING B: INLIGTING VAN VERANTWOORDELIKE APTEKER																													
* Volle Name van Verantwoordelike Apteker																													
*Kontak Adres																													
*Telefoonnommer																													
E-pos adres																													
*Kwalifikasie																													
*Registrasienommer by Suid Afrikaanse Aptekersraad																													
*Identiteitsnommer van Verantwoordelike Apteker																													

AANSOEK OM 'N LISENSIE VIR 'N APTEEKPERSEEL

Voltooi asseblief in drukskrif en swart ink		
* AFDELING E: INLIGTING VAN PERSEEL		
EK, die bogenoemde applikant verklaar dat:		
1. Die grootte van die perseel is		m ²
2. Daar is/ sal 'n aparte fasiliteit wees om hande te was	Ja	Nee
3. Daar is/sal 'n aparte fasiliteit wees vir die skoonmaak van toerusting	Ja	Nee
4. Die apteek sal toepaslik geleë wees in die inrigting	Ja	Nee
5. 'n Verantwoordelike apteker sal ten alle tye gedurende besigheidsure teenwoordig wees	Ja	Nee
6. Die perseel sal skoon gehou word	Ja	Nee
7. Die vloeroppervlakte sal van 'n ondeurdringbare materiaal wees	Ja	Nee
8. Alle werksoppervlaktes sal afgewerk wees met 'n gladde ondeurdringbare en wasbare materiaal	Ja	Nee
9. Alle kaste en rakke sal afgewerk wees met 'n gladde ondeurdringbare en wasbare materiaal	Ja	Nee
10. Alleenlik 'n geregistreerde apteker sal in besit wees van die sleutels van die apteek	Ja	Nee
11. Daar sal genoegsame en voldoende beligting wees.	Ja	Nee
12. Die temperatuur in die resepteerafdeling sal onder 25 ^o C wees	Ja	Nee
13. Die totale vloeroppervlakte sal voldoende wees vir effektiewe werksverrigting	Ja	Nee
14. Daar sal 'n geskikte wagarea in ooreenstemming met Goeie Farmaseutiese Praktyk (GFP) riglyne wees	Ja	Nee
15. Daar sal 'n semi-private area wees vir die voorsiening van inligting en advies in ooreenstemming met GFP riglyne.	Ja	Nee
16. Alle geskeduleerde medisyne sal geberg/uitgestal word in areas wat ontoeganklik is vir die publiek.	Ja	Nee
17. Die ontvangsarea vir aflewering sal duidelik aangedui en effektief afgesonder van die res van die apteek wees	Ja	Nee
18. Die apteek sal toepaslik geleë wees in die hospitaal	Ja	Nee
19. Sekuriteitsmaatreëls is in plek om ongemagtigde toegang te voorkom	Ja	Nee
20. 'n Yskas vir hitte-sensitiewe medisyne en entstowwe sal beskikbaar wees.	Ja	Nee
21. Toegang tot die perseel sal wees:	Alleenlik deur 'n aparte ingang na en van die perseel Gedeelde gesamentlike toegang met ander /aangrensende persele Beide onafhanklike en gedeelde toegang	
(Dui aan. Merk met 'n X)		
22. Sal medisyne/voorraad op 'n ander plek as aangedui in Afdeling C geberg word?	Ja	Nee
Indien ja, voorsien asseblief besonderhede van die ander persele/store waar medisyne/voorraad geberg sal word:		
.....		
.....		
.....		
*AFDELING F: ONDERSTEUNENDE DOKUMENTASIE		MERK MET X
Die volgende dokumentasie word voorsien ter staving van hierdie aansoek:		Vir Kantoor Gebruik
1. 'n Aanstellingsbrief vir die verantwoordelike apteker van bogenoemde apteek	<input type="checkbox"/>	

AANSOEK OM 'N LISENSIE VIR 'N APTEEKPERSEEL

*AFDELING F: ONDERSTEUNENDE DOKUMENTASIE - VERVOLG	MERK MET X	Vir Kantoor Gebruik
2. 'n Brief van aanvaarding van bogenoemde aanstelling waarin die verantwoordelike apteker verklaar dat hy/sy die aanstelling aanvaar, sowel as die verpligtinge en verantwoordelikhede van 'n verantwoordelike apteker soos uiteengesit in Regulasie 28 van die Regulasies met Betrekking tot die Praktyk van Apteekwese.	<input type="checkbox"/>	
3. 'n Afskrif van die terrein en vloerplan van die gebou waarin die ligging van die apteekperseel aangedui word in verhouding tot die aangrensende of omringende besighede en toegang tot en van die perseel.	<input type="checkbox"/>	
4. 'n Plan van die uitleg van die beplande apteek perseel geteken op skaal waarin punte 2, 3, 14, 15 en 16 soos aangedui in Afdeling E duidelik geïdentifiseer kan word.	<input type="checkbox"/>	
5. 'n Beëdigde verklaring aangaande verantwoordelikheid, eienaarskap en nakoming van standaarde soos vereis in terme van Regulasies 2, 3, 4, 5, 6 en 7 van die Regulasies Betreffende die Eienaarskap en Lisensiëring van Apteke voltooi deur die Eienaar (alleen-eienaar), alle vennote van die Vennootskap, alle lede van die Beslote Korporasie of aandeelhouders van die Maatskappy.	<input type="checkbox"/>	
6. In die geval van 'n Beslote Korporasie die nuutste CK2 (Soos goedgekeur)	<input type="checkbox"/>	
7. In die geval van 'n Maatskappy 'n gesertifiseerde afskrif van die Sertifikaat van Inkorporasie (Naamsveranderingssertifikaat indien van toepassing)	<input type="checkbox"/>	
8. Skedules vanaf ouditeure wat die name van die direkteure en aandeelhouders sertifiseer.	<input type="checkbox"/>	
9. 'n Bank gewaarborgde tjek uitgemaak aan die Suid Afrikaans Aptekersraad vir fooie soos aangedui in die Staatskoerant	<input type="checkbox"/>	
*AFDELING G: VERKLARING DEUR DIE APPLIKANT		
i) Bogenoemde apteek sal bedryf word onder direkte persoonlike toesighouding van die verantwoordelike apteker. ii) Die Direkteur-Generaal sal in kennis gestel word van enige wesenslike verandering binne 30 dae vanaf sulke veranderinge. iii) Die inligting verskaf is waar en korrek. iv) Ek gee hiermee toestemming vir 'n inspeksie in terme van die toepaslike Wetgewing.		
AANSOEKER SE HANDTEKENING:		
<div style="text-align: center;"> _____ DATUM: <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> / <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> . <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> / <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> </div> <div style="margin-top: 5px; text-align: center;"> D D M M J J J J </div>		
*AFDELING H: VERKLARING DEUR KOMMISSARIS VAN EDE		
<p>GETEKEN en BêDIG te _____ op hierdie _____ dag van _____ die jaar _____, die verklaarder (applikant) erken dat hy/sy die inhoud van hierdie verklaring verstaan</p> <p>HANDTEKENING VAN KOMMISSARIS VAN EDE :</p> <p>_____</p> <p>DATUM: _____</p>		<p align="center">STEMPEL</p> <p>Volle name, hoedanigheid, adres en kontak besonderhede van Kommissaris van Ede</p>

AANSOEK OM 'N LISENSIE VIR 'N APTEEKPERSEEL

**ALLEENLIK OORSPRONLIKE DOKUMENTE OF GESERTIFISEERDE AFSKRIFTE WAAR TOEPASLIK
SAL AANVAAR WORD DEUR DIE DEPARTEMENT VAN GESONDHEID**

**DEPARTMENT OF HEALTH**DIRECTORATE: PHARMACEUTICAL PROGRAMMES AND
PLANNING

PROES STREET, PRETORIA, 0002

PRIVATE BAG X828, PRETORIA, 0001

TEL: (012) 312-0366 FAX: (012) 312-3102

**APPLICATION FOR A LICENCE FOR THE PREMISES WHEREIN OR FROM WHICH
THE BUSINESS OF A PHARMACY SHALL BE CARRIED OUT IN TERMS OF THE
PHARMACY ACT, 1974 (ACT 53 OF 1974) AS AMENDED (NEW AND RELOCATION)**

Please print and use black ink to complete

For Office Use Only

*** 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				
* Identity Number of Applicant				
* Category of premises to be licenced	Community	Institutional	Consultant	
* Full Names of Owners/Company/Close Corporation (If different from applicant)				
* Contact Address				
* Telephone Number				
E-mail address				

*** SECTION B: PARTICULARS OF RESPONSIBLE PHARMACIST**

* Full Names of Responsible Pharmacist				
* Contact Address				
* Telephone Number				
E-mail address				
* Qualification				
* Registration Number with the South African Pharmacy Council				
* Identity Number of Responsible Pharmacist				

Application for a Licence for Pharmacy Premises

Please print and use black ink to complete															For Office Use Only			
SECTION C: PARTICULARS OF PREMISES																		
* Pharmacy Name (Proposed trading title)																		
* Alternative trading title:																		
* Postal Address of Premises																		
* Physical Address of Premises																		
* Contact Telephone Number																		
Contact Fax Number																		
E-mail address																		
(a) Is this a new pharmacy?	Yes	No	(b) Is this the relocation of an existing pharmacy?		Yes	No												
If (b) supply current licence or registration number.																		
* SECTION D: CRITERIA FOR A LICENCE																		
1. The exact geographic location of the premises.																		
2. What benefit will the community derive from the pharmacy ?																		
3. What will be the nature and extent of the pharmaceutical services provided ?																		
4. Is there a statutory requirement for the pharmacy? (Private hospitals only)																		
5. What is the size of the population in the catchment area of the pharmacy? (Include source of information)																		
6. How many other health service providers are there in the surrounding area and what is the nature of the services provided eg doctors, pharmacists, clinics etc																		
7. Will the pharmacy provide services to persons outside the service/catchment areas? E.g. mail order.																		
8. What, if any, special needs of the community will be addressed?																		
9. Will the licence holder be able to comply with Good Pharmacy Practice as determined by the South African Pharmacy Council?																		

Application for a Licence for Pharmacy Premises

Please print and use black ink to complete		
* SECTION E: INFORMATION OF PREMISES		
I, the above applicant declare that:		
1. The size of the premises is	m ²	
2. There is/ will be a separate facility for washing hands	Yes	No
3. There is/ will be a separate facility for cleaning of equipment	Yes	No
4. The pharmacy will be suitably located in the institution	Yes	No
5. A responsible pharmacist will be present at all times during business hours.	Yes	No
6. The premises will be kept clean	Yes	No
7. The floor surface will be of impermeable material	Yes	No
8. All working surfaces will be finished with a smooth impermeable and washable material	Yes	No
9. All cupboards and shelves will be finished with a smooth, impermeable and washable material	Yes	No
10. A registered pharmacist only will be in possession of the keys to the pharmacy	Yes	No
11. There will be sufficient and adequate lighting.	Yes	No
12. The temperature in the dispensary will be below 25° C	Yes	No
13. The total floor area will be sufficient for the efficient operation of staff	Yes	No
14. There will be a suitable waiting area, in accordance with Good Pharmacy Practice (GPP) guidelines	Yes	No
15. There will be a suitable semi-private area for the provision of information and advice in accordance with GPP guidelines	Yes	No
16. All Scheduled medicines will be stored/displayed in areas inaccessible to the public	Yes	No
17. The receiving area for deliveries will be clearly defined and effectively separated from the pharmacy	Yes	No
18. The pharmacy will be suitably situated in the hospital (institutional pharmacies only)	Yes	No
19. Are security measures in place to prevent unauthorised entry?	Yes	No
20. A fridge for heat sensitive pharmaceuticals and vaccines will be available.	Yes	No
21. Access to the premises will be:	Via independent entrance to and from the premises Share joint entrance with another/adjoining premises Both independent entrance and shared entrance	
(Indicate one only. Mark with a X)		
22. Will medicines/stock be stored away from the pharmacy premise outlined in Section C?	Yes	No
If yes, please supply details of other premises/storage where medicines/stock will be stored:		
<div style="border-bottom: 1px dotted black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px dotted black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px dotted black; height: 15px; width: 100%;"></div>		
*SECTION F: SUPPORTING DOCUMENTATION		MARK WITH X
The following documentation is submitted in support of this application:		For Office Use Only
1. A letter of appointment for the responsible pharmacist for the pharmacy	<input type="checkbox"/>	

Please print and use black ink to complete

Please print and use black ink to complete		
*SECTION F: SUPPORTING DOCUMENTATION -CONTINUE	MARK WITH X	For Office Use Only
2. A letter of acceptance of the above appointment in which the responsible pharmacist declares that he/she accepts such appointment, as well as the duties and responsibilities of a responsible pharmacist as set out in Regulation 28 of the Regulations Relating To The Practice of Pharmacy.	<input style="width: 20px; height: 20px;" type="checkbox"/>	
3. Copy of the site and floor 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.	<input style="width: 20px; height: 20px;" type="checkbox"/>	
4. Copy of the plan of the layout of the actual pharmacy premises drawn to scale, in which points 2, 3, 14, 15 and 16 indicated in SECTION E can be clearly identified.	<input style="width: 20px; height: 20px;" type="checkbox"/>	
5. Affidavit regarding eligibility, ownership and compliance with standards as required in terms of Regulations 3, 4, 5, 6 and 7 of the Regulations Relating to the Ownership and Licensing of Pharmacies (sole proprietor), all partners of the Partnership, all members of the Close Corporation or shareholders of the Company.	<input style="width: 20px; height: 20px;" type="checkbox"/>	
6. In case of a Close Corporation the latest CK2 (as approved)	<input style="width: 20px; height: 20px;" type="checkbox"/>	
7. In case of a company a copy of the Certificate of Incorporation (Change of Name Certificate if applicable) and the latest CM29.	<input style="width: 20px; height: 20px;" type="checkbox"/>	
8. Schedules from the auditors certifying the names of the directors and shareholders.	<input style="width: 20px; height: 20px;" type="checkbox"/>	
9. A bank guaranteed cheque for the fees as published in the Government Gazette made payable to the South African Pharmacy Council	<input style="width: 20px; height: 20px;" type="checkbox"/>	
*SECTION G: DECLARATION BY THE APPLICANT		
i) The above pharmacy will be conducted under the direct personal supervision of a responsible pharmacist. ii) The Director-General 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: <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		
<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> DATE: <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="width: 10px; height: 10px; border: 1px solid black; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="width: 10px; height: 10px; border: 1px solid black; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> <div style="display: flex; justify-content: center; gap: 10px; font-size: 0.8em; margin-top: 5px;"> D D M M Y Y Y Y </div> </div> </div>		
*SECTION H: 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 : <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
DATE: _____	Full name, capacity, address and contact details of Commissioner of Oaths	

Application for a Licence for Pharmacy Premises

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Printed by and obtainable from the Government Printer, Bosman Street, Private Bag X85, Pretoria, 0001

Publications: Tel: (012) 334-4508, 334-4509, 334-4510

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