



# South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007;  
Tel: 0861 7272 00; E-mail: [customer@sapc.za.org](mailto:customer@sapc.za.org); Website: [www.sapc.za.org](http://www.sapc.za.org)

Form is valid for  
**2025** only

## APPLICATION FOR THE REGISTRATION OF A PRIMARY HEALTHCARE CLINIC DISPENSARY OR FACILITY APPROVED BY COUNCIL, IT'S SUPERVISING PHARMACIST AND PHARMACIST'S ASSISTANT (POST-BASIC) IN TERMS OF THE PHARMACY ACT 53 OF 1974 AS AMENDED

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council, to the postal address above		Office Use Only						
<b>SECTION A: PARTICULARS OF THE MAIN FACILITY</b>								
Responsible Authority	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">District Office</td> <td style="width: 12.5%;">Institutional (Public)</td> <td style="width: 12.5%;">Local government</td> <td style="width: 12.5%;">S A P S</td> <td style="width: 12.5%;">SANDF</td> <td style="width: 12.5%;">Correctional Service</td> </tr> </table>	District Office	Institutional (Public)	Local government	S A P S	SANDF	Correctional Service	<p><b>Note A:</b> The physical address furnished herewith shall be deemed to be the applicant's <b>registered address</b> <u>all correspondence and certificates will be couriered to this address</u></p> <p><b>Note B:</b> Fees subject to change without further notification</p>
District Office	Institutional (Public)	Local government	S A P S	SANDF	Correctional Service			
Type of Facility	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">Provincial PHC</td> <td style="width: 12.5%;">SANDF Sickbay</td> <td style="width: 12.5%;">SAPS Sickbay</td> <td style="width: 12.5%;">Local government</td> <td style="width: 12.5%;">NGO PHC</td> <td style="width: 12.5%;">Other facility</td> </tr> </table>	Provincial PHC	SANDF Sickbay	SAPS Sickbay	Local government	NGO PHC	Other facility	
Provincial PHC	SANDF Sickbay	SAPS Sickbay	Local government	NGO PHC	Other facility			
Full name(s) of owner	<input style="width: 100%;" type="text"/>							
Facility Name	<input style="width: 100%;" type="text"/>							
Facility Account Numbers	<input style="width: 100%;" type="text"/>							
Courier Address	<input style="width: 100%;" type="text"/>							
Postal address (refer note A)	<input style="width: 100%;" type="text"/>							
	Street code <input style="width: 100px;" type="text"/>							
	<input style="width: 100%;" type="text"/>							
Physical address (As it appears on the licence and recorded with Council)	<input style="width: 100%;" type="text"/>							
	<input style="width: 100%;" type="text"/>							
Province	Street code <input style="width: 100px;" type="text"/>							
Telephone number	( <input style="width: 40px;" type="text"/> ) <input style="width: 40px;" type="text"/> - <input style="width: 40px;" type="text"/>							
Fax number	( <input style="width: 40px;" type="text"/> ) <input style="width: 40px;" type="text"/> - <input style="width: 40px;" type="text"/>							
E-mail address	<input style="width: 100%;" type="text"/>							
<b>SECTION B: PARTICULARS OF THE DISPENSARY WITHIN A PHC OR FACILITY APPROVED BY COUNCIL TO BE REGISTERED</b>								
Dispensary / Facility Name	<input style="width: 100%;" type="text"/>							
Postal address (refer note A)	<input style="width: 100%;" type="text"/>							
Physical address	Postal address <input style="width: 100px;" type="text"/>							
	Street address <input style="width: 100px;" type="text"/>							
Telephone number	( <input style="width: 40px;" type="text"/> ) <input style="width: 40px;" type="text"/> - <input style="width: 40px;" type="text"/>							
Fax Number	( <input style="width: 40px;" type="text"/> ) <input style="width: 40px;" type="text"/> - <input style="width: 40px;" type="text"/>							

RP signature \_\_\_\_\_

Date \_\_\_\_\_



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## APPLICATION FOR THE REGISTRATION OF A DISPENSARY WITHIN A PRIMARY HEALTHCARE CLINIC OR FACILITY APPROVED BY COUNCIL, CONTINUES .....

### SECTION C: PARTICULARS OF THE SUPERVISING PHARMACIST

Surname/Last Name

Title  Initials (First Names)

First Names In Full

Identity Number OR  
Passport number

Email Address

Cell number  -  -

Pharmacist Registration No  Pharmacist Account  
Number  P

Date of appointment as supervising  
pharmacist   /   /

### SECTION D: PARTICULARS OF THE POST BASIC PHARMACIST'S ASSISTANT FOR THE PHC OR FACILITY APPROVED BY COUNCIL

Pharmacist Assistant  
Registration No.  Pharmacist Assistant  
Account No  P

Surname/Last Name

Title  Initials (First Names)

First Names In Full

Identity Number OR  
Passport number

Email Address

Cell number

Date of acceptance as a Post Basic  
pharmacist's assistant for the PHC   /   /

I \_\_\_\_\_ (full names), accept the responsibility as a post basic pharmacist's assistant at the above Facility and that it will be conducted in accordance with good pharmacy practice guidelines as published by Council;

Signature: \_\_\_\_\_

### SECTION E: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

Office Use Only

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

a) a professionally drawn floor plan in accordance with Rule 1.2 read together with Rule 2.31;

b) a copy of the registration certificate of the Post Basic Pharmacist's Assistant at the abovementioned facility

c) Annual fee – (Payable with every application and then 1 July every year thereafter.)  
R1069.00 (VAT incl.) (refer note B)

RP signature \_\_\_\_\_

Date \_\_\_\_\_





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### Reasons why a primary healthcare clinic dispensary may not be registered

- (a) If the institutional public pharmacy is not recorded with Council;
- (b) If there is no RP at the institutional public pharmacy;
- (c) If the supervising pharmacist is already linked to three primary healthcare clinic dispensary;
- (d) If there is no post basic pharmacist's assistant at the primary healthcare clinic dispensary
- (e) If the supervising pharmacist is an RP or tutor at a different facility
- (f) If the primary healthcare clinic dispensary is not linked to a institutional public pharmacy or local authorities
- (g) If either the post basic pharmacist's assistant, RP or supervising pharmacist are erased for any reasons

Annual fees for PHC dispensary shall be payable with every application and then 1 July every year thereafter. Council must be informed at all times about the resignation on any parties involved.

RP signature\_\_\_\_\_

Date\_\_\_\_\_