



South African Pharmacy Council

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Form is valid for
2025 only

APPLICATION FOR INSTALLATION OF AN AUTOMATED DISPENSING UNIT IN A PHARMACY IN TERMS OF THE PHARMACY ACT, 1974 (ACT 53 OF 1974)

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council				Office Use Only			
SECTION A: APPLICANT'S PERSONAL PARTICULARS (RESPONSIBLE PHARMACIST)							
Responsible Pharmacist registration no.		Responsible Pharmacist account no. (if available)		Complies with criteria	Yes	No	
Title		Initials (first names)					
First Names in full				Received Fee (if applicable)	N/A	Yes	No
Surname/last name				Date of Approval			
South African Citizenship	Yes	No	Please specify if other				
Identity number / Permit No							
Responsible pharmacist registered courier address							
(refer note A)		Postal code					
Responsible pharmacist registered postal address							
(refer note A)		Postal code					
Cellphone number							
Work telephone number							
Fax number							
E-mail address							
SECTION B: PARTICULARS OF PHARMACY PREMISES							
Name of pharmacy/institution							
Pharmacy Registration number	Y						
Sector	Private Sector		Public Sector				
Category	Community		Institutional (Hospital)				
Pharmacy recorded postal address (refer note A)							
		Postal code					
Pharmacy recorded physical address (refer note A)							
		Street code					
Province							
Date of registration/recording of above pharmacy premises with Council		/	/				
Envisaged start date of use of automated dispensing unit		/	/				

ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR

Note: In cases where the received application form is incomplete, the applicant will be expected to submit all necessary documents. Failure to which Council will consider the application null and void after 60 days from the day the applicant was informed that the documents were incomplete. The applicant will therefore be expected to submit a new application form with the applicable fee(s)

