Form is valid for **2025** only



South African Pharmacy Council
591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 7272 00; E-mail: customercare@sapc.za.org

Page 1 of 2

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: APPLI										HΔRI	MACIST	7											
Responsible Pharma							le Phar			HAIN	11.70.01	,	I _						١	es/	No	,	
registration no.							ount no. (if available)						Complies with criteria										
	tials (first na	ames))																				
First Names in full														eceive applic				ŀ	N/A	Yes	s	No	
Surname/last name																Dat	e of	App	roval				
South African Citizenship	Yes No		ease spe	cify if											/			/					
Identity number / Permit No	INO																						
Responsible pharmacist registered courier address																							
(refer note A)				F	Postal	code																	
Responsible																							
pharmacist registered postal address																							
(refer note A)					Postal (oodo	I																
				,	- UStai t	code																	
Cellphone number																							
Work telephone number																							
Fax number																							
E-mail address																							
	ON B: PAR	TICU	ILARS	OF P	HARM	ACY	PREM	ISES															
Name of pharmacy/ institution																							
Pharmacy Registration number	Υ																						
Sector	Private Sector	or				Pub	lic Sector																
Category	Community						itutional spital)																
Pharmacy recorded postal address						•																	
(refer note A)				F	Postal o	code																	
Pharmacy recorded physical																							
address (refer note A)		Street code									_												
Province																							
				1			l	1															
Date of registration/re pharmacy premises v	ecording of a vith Council	above	9			1		1															
Envisaged start date	of use of a	utoma	ated			1		1															

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)



South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 7272 00; E-mail: customercare@sapc.za.org

Page 2 of 2

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

SECTION C	PARTICULARS OF	AUTOMATED DISP	ENSING	J UNI I		ı	Office Use Only
In addition to the minimum automated dispensing unit							
Delivers scheduled medici	nes to the pharmacist						
Delivers medical devices t	o the pharmacist						
Picks scheduled medicine							
Access is limited to only a pharmacist assistant (as p							
Labels medication (as per							
SECTION D							
I, the above applicant, sub of this form							
(a) In case of a close corp							
(b) In case of a company, applicable) and the late							
(c) A signed affidavit regaminimum standards							
(d) professionally drawn fl location of the unit;	oor plan and site plan						
(e) annual registration cer	tificate and/ recording						
(f) Applicable fee (automa							
SECTION E:	DECLARATION BY	APPLICANT					
(a) I herewith include all the a (b) in addition to the minimum requirements and conditio (i) Delivers scheduled med (ii) Delivers medical dev (iii) Picks the scheduled of (iv) Labels medication (a (v) Access is limited to one phase 1, 2, 3 of dispendication of the phase of the							
SECTION E: DECLARAT		Application Date NER OF OATHS		′			
The abovementioned was on thisday of that he/she knows and u	STAMP Compulsory						
SIGNATURE OF COMMIS	(Full names, capacity, address and contact details of Commissioner of Oaths)						
	as must be submitted to						

Fees subject to change without further notification.

Note C: Attach a copy of the annual Pharmacy Registration Certificate.

Note D: Cash, postal orders and cheques will not be accepted with any application form.

South African Pharmacy Council has a policy of zero tolerance to fraud and corruption. All fraud and corruption cases detected or reported will be investigated and perpetrators will be prosecuted accordingly. Note E:

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)