



South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 7272 00; Fax: 27 (12) 3211479/92; E-mail: customercare@sapc.za.org

Form is valid for
2023 only

Page 1 of 2

APPLICATION FOR INSTALLATION OF A REMOTE AUTOMATED DISPENSING UNIT (RADU) OPERATED FROM A PUBLIC INSTITUTIONAL FACILITY IN TERMS OF THE PHARMACY 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: PARTICULARS OF THE RADU																				Note A: The contact details (Tel, Fax and Email) furnished herewith shall be deemed to be the contact details displayed visibly at the RADU.			
Responsible Authority	District Office	Institutional (Public)	Metro	S A P S	SANDF	Correctional Services																	
Full name(s) of owner																							
RADU name (trading title)																							
RADU Physical address																							
	Street Code																						
Full name(s) of owner																							
	Postal Code																						
Unique identifier/ Serial Number																							
Manufacturer's name																							
Model of the Unit																							
Envisaged start date of use of RADU																							
SECTION B: PARTICULARS OF THE PHARMACY FROM WHICH THE RADU WILL BE OPERATED																						Note B: Fees subject to change without notice	
Pharmacy Registration Number	Y																						
Pharmacy name (trading title)																							
Pharmacy physical address (As recorded with Council)																							
	Street Code																						
Responsible Pharmacist	Registration Number														Account Number	P							
Surname																							
Title	Initials (First Names)																						
First name in full																							
Cell phone number (refer note A)																							
Work tel number (refer note A)																							
Fax number (refer note A)																							
Email address (refer note A)																							
Date of appointment as responsible pharmacist (as per Council register)										D	D	/	M	M	/	Y	Y	Y	Y				
SECTION C: SUPPORTING DOCUMENTS AND APPLICABLE FEES																				Office Use Only			
I, the above applicant, submit the following in support of this application:																			Mark with a ✓				
(a) Evaluation fee for the application for installation of a RADU (Payable with every application for installation of a RADU: R3,593.00 (VAT incl.))																							
(b) A professionally drawn floor plan indicating the actual layout of the RADU – drawn to scale with exact measurements																							
(c) An assessment certificate from the internet service provider (ISP), that there is adequate connectivity to facilitate communication between the patients and the pharmacist operating the RADU																							
(d) RADU assessment criteria.																							
SECTION D: DECLARATION BY THE RESPONSIBLE PHARMACIST																							

RP signature _____

Date _____



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I herewith declare that:

- I have included the applicable documentation/fee(s);
- the RADU will only operate at the location stipulated on the application form for approval of the installation of a RADU;
- I will ensure that the pharmacy offering dispensing services through a RADU is appropriately staffed;
- I will ensure that only registered pharmacy personnel have access to the RADU for the purpose of stock management, dispensing medicines and medical devices;
- I will ensure that pharmacy personnel who operate the RADU are trained appropriately;
- I will ensure there is proper stock control;
- I will assure the integrity of the medicines dispensed from a RADU;
- I will ensure that there are procedures and mechanisms for securing and accounting for damaged, expired, returned and recalled medicines and medical devices at the RADU;
- there are policies and procedures regarding the usage of the RADU;
- there are written policies and procedures developed specifically for RADU to:
 - ensure the safe and effective dispensing of medicines and medical devices
 - ensure that the RADU is operating safely, accurately, and securely
 - define conditions for access to the RADU and medicines contained in the unit, as well as policies that assign, discontinue, or change access to the RADU and medicines
- I will ensure that the RADU is operated in compliance with all relevant legislation;
- The information furnished herewith is true and correct.

Registered Responsible
Pharmacist's Signature

Date: D D / M M / Y Y Y Y

SECTION E: DECLARATION BY COMMISSIONER OF OATHS

The abovementioned was SIGNED and SWORN TO before me at

(place)

Stamp
(Compulsory)

On this day of in the year of the deponent (applicant) having
acknowledged that he/she knows and understands the contents of this declaration.

SIGNATURE OF
COMMISSIONER OF
OATHS

(Full names, capacity,
address and contact
details of
Commissioner of
Oaths)

SAPC Electronic Payment Details (If not yet captured on Council's financial system)

Name of Beneficiary	South African Pharmacy Council												
Name of Bank	Standard Bank of South Africa												
Account type	Cheque account												
Branch Code	0	1	0	1	4	5							
Beneficiary Account number	0	1	1	8	8	5	8	6	6				
Beneficiary Reference	Your account number ** with SAPC and surname & initials.												

PROCESS FOR EVALUATION OF THE APPLICATION FOR INSTALLATION OF A RADU OPERATED FROM A PUBLIC INSTITUTIONAL FACILITY AND REGISTRATION OF THE RADU

- Applicant who wish to install a RADU must complete this form and attach all supporting documents;
- Upon evaluation of the application form and satisfactory assessment, SAPC will issue a letter confirming approval;
- Applicant must complete the form named **"Registration of a RADU approved by Council"**;
- Council will then issue a RADU registration certificate and a copy of the RP certificate for the RADU which must be displayed visible at the RADU;

PLEASE NOTE:

- This application is **valid for 90 days from date of receipt by the Office of the Registrar**. Should you **fail to submit all the required supporting documentation** and fees/proof of payment of fees within 90 days of this application the application will be invalid and all fees (excluding annual fee) that may have been paid herewith shall be forfeited.
- Relocation of the RADU requires approval by Council
- Replacement of the RADU requires approval by Council
- 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.**

RP signature _____

Date _____