



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) 321-1479; E-mail: customercare@sapc.za.org

Form is valid for
2023 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	Please specify if other										
No													
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)



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) 321-1479; E-mail: customercare@sapc.za.org

Form is valid for
2023 only

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 DISPENSING UNIT		Office Use Only
In addition to the minimum standards for premises as laid down by Council, the automated dispensing unit dispenses the medicines /medical devices as follows:	Mark with a ✓	
Delivers scheduled medicines to the pharmacist		
Delivers medical devices to the pharmacist		
Picks scheduled medicines		
Access is limited to only authorised personnel pharmacist/pharmacist intern and pharmacist assistant (as per phase 1, 2, 3 of dispensing)		
Labels medication (as per labeling) instructions entered		
SECTION D: SUPPORTING DOCUMENTS		
I, the above applicant, submit the following in support of my application under section A of this form	Mark with a ✓	
(a) In case of a close corporation, the latest CK1/CK2 (as approved)		
(b) In case of a company, a copy of a certificate of incorporation (change of name, if applicable) and the latest CM29/CoR29		
(c) A signed affidavit regarding eligibility, ownership of the unit and compliance to minimum standards		
(d) professionally drawn floor plan and site plans of the premises indicating the location of the unit;		
(e) annual registration certificate and/ recording certificate of the pharmacy		
(f) Applicable fee (automated dispensing unit): R3,594.00 (VAT incl)		
SECTION E: DECLARATION BY APPLICANT		
I, the above applicant, declare that :		
(a) I herewith include all the applicable documentation/fees mentioned in Section C above;		
(b) in addition to the minimum standards for premises as laid down by Council will observe the following requirements and conditions relating to an automated dispensing unit as published by Council.		
(i) Delivers scheduled medicines to the pharmacist;		
(ii) Delivers medical devices to the pharmacist;		
(iii) Picks the scheduled medicines		
(iv) Labels medication (as per labeling instructions entered)		
(v) Access is limited to only authorised pharmacist/pharmacist intern and pharmacist assistant as per phase 1, 2, 3 of dispensing);		
(c) am fully conversant with the legislation relating to pharmacy;		
(d) practise FULL TIME at the above premises; and		
(e) that the information furnished herewith is true and correct.		
(f) I will ensure that the premises will comply with the minimum standards laid down by the Council for pharmacies and that:		
(i) only a pharmacist, pharmacist's assistant or pharmacist intern, under the personal supervision of a pharmacist, may have direct access to scheduled substances in the pharmacy;		
(ii) unauthorised persons will not by lawful means obtain access to the premises outside of normal trading hours;		
(g) I will not alter the premises/move the ADU without the written approval of the Council;		
(h) I have attached a copy of the annual pharmacy registration certificate		
(i) I have put my initials on every page.		
Applicant's Signature	Application Date	
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 _____, the (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)

Note A: A change of address must be submitted to the registrar within 30 days of such change.

Note B: 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.

Note E: 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.

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)