91 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc .za.org
Tel: 0861727200; Fax: 27 (12) 321-1479; E-mail: customercare@sapc.za.org

2024

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

Complies with criteria	Yes	No

Received Fee (if applicable)	N/A	Yes	No

Date of Approval D D / M M / Y Y Y Y

SECTION A: APPLICANT'S PERSONAL PARTICULARS (RESPONSIBLE PHARMACIST)

Responsible Pharmacist registration no:

Responsible Pharmacist account no: (if available) P

Title

Initials (first names)

First names in full

South African Citizenship Yes No Please specify if other

Identity number / Permit No

Responsible pharmacist registered postal address

(refer note A)

Postal code

Cell number

Work telephone number ( )

Fax number ( )

E-mail address

SECTION B: PARTICULARS OF PHARMACY PREMISES

Name of pharmacy/institution

Registration no: Y

Sector Private Sector Public Sector

Category Community Institutional (Hospital)

Postal Address
(refer note A)

Postal code

Physical Address
(refer note A)

Street code

Province

Date of registration/recording of above pharmacy premises with Council D D / M M / Y Y Y Y

Envisaged start date of use of automated dispensing unit D D / M M / Y Y Y Y

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)

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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 devises 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 authourised 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			Office Use Only
I, the above applicant, submit the following in support of my application:	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			
(d) A signed affidavit regarding eligibility, ownership of the unit and compliance to minimum standards			
(e) professionally drawn floor plan and site plans of the premises indicating the location of the unit;			
(f) annual registration certificate and/ recording certificate of the pharmacy			
(g) Applicable fee (automated dispensing unit): **R3, 805.00 (VAT incl.)**			

ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR

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SECTION D: 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 authourised 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:** 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)

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 _____

STAMP
(Compulsory)

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

Please note:

- *A change of address must be submitted to the registrar within 30 days of such change.*
- *Fees are subject to change without further notification.*
- *Attach a copy of the annual Pharmacy Registration Certificate.*
- 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.

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)