



South African Pharmacy Council

Form is valid for
2022 only

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APPLICATION FOR THE REGISTRATION OF A SATELLITE PHARMACY IN 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 SATELLITE PHARMACY TO BE REGISTERED

Responsible Authority	District Office	Institutional (Public)	Metro	S A P S	SANDF	Correctional Services
Full name(s) of owner						
Satellite pharmacy name (trading title)						
Satellite Pharmacy postal address (refer note A)						Postal code
Satellite Pharmacy Physical address						Street code
Satellite Pharmacy Tel number	() -					
Satellite Pharmacy Fax number	() -					
Satellite Pharmacy e-mail address						

Note A: The physical address furnished herewith shall be deemed to be the applicant's **registered address** all correspondence and certificates will be courier to this address

Note B: Fees subject to change without further notification

SECTION B: PARTICULARS OF THE MAIN PHARMACY, SUPERVISING PHARMACIST AND THE REGISTERED RESPONSIBLE PHARMACIST

Registration number of Main Pharmacy	Y	
Main pharmacy name (trading title)		
Main Pharmacy postal address		
	Postal code	
Main Pharmacy physical address		
	Street code	
Supervising Pharmacist Registration No.		Pharmacist Account No (if available) P
Surname/Last Name		
Title	Initials (First Names)	
Supervising Pharmacist first names in full		
Responsible Pharmacist Registration No.		Pharmacist Account No (if available) P
Surname/Last Name		
Title	Initials (First Names)	
Responsible pharmacist first names in full		

RP signature _____

Date _____



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Date of appointment as responsible pharmacist

D	D	/	M	M	/	Y	Y	Y	Y
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SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

I, the above applicant, submit the following in support of this application:

- a) annual fee – satellite pharmacy (**Payable with every application and then 1 July every year thereafter**):R1,853.00 (VAT incl.) (refer note B)
- b) a professionally drawn floor plan indicating the actual layout of the satellite pharmacy – drawn to scale with exact measurements

Mark with a ✓

<input type="checkbox"/>
<input type="checkbox"/>

SECTION D: DECLARATION BY THE RESPONSIBLE PHARMACIST

I, declare that: -

- a) I herewith include the applicable documentation/fee(s);
- b) the above satellite pharmacy will be conducted under the direct personal supervision of a pharmacist;
- c) the above satellite pharmacy will be conducted in accordance with Rules relating to good pharmacy practice as published by Council;
- d) the information furnished herewith is true and correct.

Registered Responsible Pharmacist's Signature: (Main Pharmacy)

Date:

D	D	/	M	M	/	Y	Y	Y	Y
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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 deponent (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)

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.												

PLEASE NOTE:

- This application is valid for 60 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 60 days of this application the application will be invalid and all fees (excluding annual fee) that may have been paid herewith shall be forfeited.
- 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 _____

APPLICATION FOR THE REGISTRATION OF A SATELLITE PHARMACY IN A PUBLIC INSTITUTIONAL FACILITY IN TERMS OF THE PHARMACY ACT 53 OF 1974

- (a) that Council at its meeting in October 2006 resolved that all Public Institutional pharmacies with more than one pharmacy within the facility or in the same building must record the other pharmacies against the main pharmacy as satellite pharmacy;
- (b) that to record these facilities, the Responsible Pharmacist in the main pharmacy must submit to Council the following:
 - (i) a list of the names and details of the satellite facilities which are managed, on an application form approved by Council, indicating the pharmacist who will be supervisory to the Satellite Pharmacy;
 - (ii) all necessary supporting documents as stated on the application form;
- (c) that annual fees for satellite pharmacies shall be payable with every application and then 1 July every year thereafter. The approved annual fee for 2011 for a satellite pharmacy is R825.51.
- (d) Council must be informed at all times about the resignation of any parties involved.

Public Institutional pharmacies with more than one pharmacy within the facility or in the same building must record the other pharmacies against the main pharmacy as satellite pharmacy

Criteria for registration of a Satellite Pharmacy which state that:

- (a) the physical address of the satellite pharmacy must be the same as the recorded physical address of the main pharmacy;
- (b) the institutional public pharmacy (main pharmacy) to be linked to the satellite pharmacy must be recorded with Council;
- (c) there must be a responsible pharmacist at the institutional public pharmacy (main pharmacy);
- (d) the supervising pharmacist may not be the responsible pharmacist for the main pharmacy;
- (e) the supervising pharmacist may not be a responsible pharmacist or a tutor at a different facility (the applicant must first resign as a responsible pharmacist or tutor prior submitting an application for registration as supervising pharmacist);
- (f) the applicant may not be a supervising pharmacist for more than one satellite pharmacy.

RP signature _____

Date _____