



South African Pharmacy Council

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Form is valid for
2026 only

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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 Note B: Fees subject to change without notice			
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: R4 053.00 (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 _____

