

South African Pharmacy Council
591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 7272 00; E-mail: customercare@sapc.za.org

Form is valid for **2026** 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

Return to: The Registrar, South African Pharmacy Council														Office Use Only											
SECTION A: PARTICULARS OF THE RADU																									
Responsible Authority	Distr	ict Offi	ice		stituti (Publi			M	letro			SAPS			SANDF			Correctional Serv			vices				
Full name(s) of owner																									
RADU name (trading title)																									
		<u> </u>																							
RADU Physical address																									
													Str	eet C	ode										
Full name(s) of owner																									
													Pos	stal C	ode	<u> </u>									
Unique identifier/ Serial Number																									
Manufacturer's name Model of the Unit																						Note A:			
Envisaged start date of use of RADU																						The contact details (Tel, Fax and			
SECTION B: PARTICU	JLARS	OF 1	ГНЕ	PHA	RMA	CYI	FRO	M W	HICI	HTH	E RA	ADU	WILI	L BE	OPE	RAT	ED				l	Email) furnished herewith shall be			
Pharmacy Registration Number	Υ												1			1		1	1	1		deemed to be the contact details displayed visibly at			
Pharmacy name (trading title)																						the RADU.			
Pharmacy physical address (As																									
recorded with Council)													Str	eet C	ode										
Responsible Pharmacist	Regis Nu	stratic mber	n						Account Number P																
Surname																									
Title First name in full									Initia	als (F	First I	Nam	es)												
Cell phone number						1			1																
(refer note A) Work tel number			<u> </u> 					<u> </u> 			1		<u> </u> 	<u> </u>											
(refer note A) Fax number																									
(refer note A) Email address (refer																									
note A)																									
Date of appointment as pharmacist(as per Cou						[)	D	/	M	M	/	Υ	Υ	Υ	Υ					T				
SECTION C: SUPPPO	RTING	DOG	CUM	ENT	S AN	ID AI	PPLI	CAE	BLE I	FEE	3											Office Use Only			
I, the above applicant, submit the following in support of this application: Mark with a a																									
(a) Evaluation fee fo installation of a	RADU	: R4	053.	00 (V	i TA	ncl.)			•	•												Note B: Fees subject to			
(b) A professionally of measurements																						change without notice			
(c) An assessment of facilitate commun	nication	n betv														conn	ectiv	ity to							
(d) RADU assessme			T1 ! ! .	DEC	DC:	ICID:			NA A 4	210-															
SECTION D: DECLAR	AHON	A RA	IHE	KES	PUN	SIBI	<u>. E P</u>	HAR	(WA	SIST												1			

RP signature	Date



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Page 2 of 2 APPLICATION FOR INSTALLATION OF A REMOTE AUTOMATED DISPENSING UNIT (RADU) OPERATED

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I herewith declare that: (a) I have included the applicable documentation/fee(s); (b) the RADU will only operate at the location stipulated on the application form for approval of the installation of a RADU; (c) I will ensure that the pharmacy offering dispensing services through a RADU is appropriately staffed; (d) I will ensure that only registered pharmacy personnel have access to the RADU for the purpose of stock management, dispensing medicines and medical devices; (e) I will ensure that pharmacy personnel who operate the RADU are trained appropriately; (f) I will ensure there is proper stock control; (g) I will assure the integrity of the medicines dispensed from a RADU; (h) 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; (i) there are policies and procedures regarding the usage of the RADU; (j) there are written policies and procedures developed specifically for RADU to: (i) ensure the safe and effective dispensing of medicines and medical devices (ii) ensure that the RADU is operating safely, accurately, and securely (iii) 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 (k) I will ensure that the RADU is operated in compliance with all relevant legislation; (l) The information furnished herewith is true and correct.																		
Registered Responsible Pharmacist's Signature					Date:	D	D /	М	M	/	Y	Υ	Υ					
SECTION E: DECLARATIO	N BY COMMISSION	ER OF	OAT	HS														
The abovementioned was S	IGNED and SWORN	TO be	fore n	ne at											tamp	rv)		
The abovementioned was s	ONED and OWOTH	. 0 50	1010 11	io at		(place)									(Compaicory)			
On this day				year o				e depo	onent (applic	ant) ha	aving						
acknowledged that he/she k	nows and understand	s the c	conter	nts of th	is dec	laratio	n.											
SIGNATURE OF COMMISSIONER OF OATHS										a	(Full names, capacity, address and contact details of Commissioner of Oaths)							
SAPC Electronic Payment Deta	ils (If not yet captured																	
Name of Beneficiary Name of Bank	South African Pharmacy Council Standard Bank of South Africa																	
Account type				count	Ooutii	Airica												
Branch Code		0	1	0	1	4	5											
Beneficiary Account number		0	1	1	8	8	5	8	6	6								
Beneficiary Reference	Beneficiary Reference							•										
PROCESS FOR EVALUATION OF THE APPLICATION FOR INSTALLATION OF A RADU OPERATED FROM A PUBLIC INSTITUTIONAL FACILITY AND REGISTRATION OF THE RADU 1. Applicant who wish to install a RADU must complete this form and attach all supporting documents; 2. Upon evaluation of the application form and satisfactory assessment, SAPC will issue a letter confirming approval; 3. Applicant must complete the form named "Registration of a RADU approved by Council"; 4. 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: 1. 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. 2. Relocation of the RADU requires approval by Council 3. Replacement of the RADU requires approval by Council 4. Cash, postal orders and cheques will not be accepted with any application form. 5. 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.														•				
1. Applicant who wish to install a 2. Upon evaluation of the applica 3. Applicant must complete the f 4. Council will then issue a RAD PLEASE NOTE: 1. This application is valid for documentation and fees/pro have been paid herewith shall 2. Relocation of the RADU requi 3. Replacement of the RADU re 4. Cash, postal orders and cheq 5. South African Pharmacy Co	RADU must complete the tion form and satisfactor orm named "Registratio of the property of the tion form and the control of the tion of th	N FOR his form y asses n of a and a co of rece thin 90 with an ro tole	and a ssment RADU opy of by days	ttach all t, SAPC approv the RP of the O of this a	suppor will iss red by to certificate of applicate orm.	with Some A RA ting do ue a let Counci ate for the tion the	cument ter cont "; ne RAD Registr applica	d surned PERATE s; irrming : U which war. She	approva n must ould you	OM A I al; be disp ou fail valid ar	PUBLIO layed v to sul	isible at omit all ees (excl	the RA	ADU; r equire annual	d supp fee) th	porting at may		

RP signature____ Date____