



South African Pharmacy Council591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; Tel: 0861 7272 00; E-mail: customercare@sapc.za.org; Website: www.sapc.za.org

APPLICATION FOR THE REGISTRATION OF A PRIMARY HEALTHCARE CLINIC DISPENSARY OR FACILITY APPROVED BY COUNCIL, IT'S SUPERVISING PHARMACIST AND PHARMACIST'S ASSISTANT (POST-BASIC) IN TERMS OF THE PHARMACY ACT 53 OF 1974 AS AMENDED

Please u Return to: The Registra	Office Use Only							
SECTION A: PARTICULARS OF THE MAIN FACILITY								
Responsible Authority	District Institutional Office (Public) SAPS SANDF Correctional Service							
Type of Facility	Provincial SANDF SAPS Local NGO Other PHC Sickbay Sickbay government PHC facility							
Full name(s) of owner								
Facility Name								
Facility Account Numbers	Y							
Courier Address								
	Street code							
Postal address (refer note A)								
	Postal code	Note A:The physical						
Physical address (As it appears on the licence and recorded with Council)		address furnished herewith shall be deemed to be						
Province	Street code	the applicant's registered address <u>all</u>						
Telephone number		correspondenc e and certificates will						
Fax number	()	be couriered to this address						
E-mail address		Note B: Fees subject to						
SECTION B: PARTICULARS OF THE BE REGISTERED	E DISPENSARY WITHIN A PHC OR FACILITY APPROVED BY COUNCIL TO	change without further notification						
Dispensary / Facility Name								
Postal address (refer note A)								
	Postal address							
Physical address								
	Street address							
Telephone number	(
Fax Number	()							
RP signature	Date							





South African Pharmacy Council591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; Tel: 0861 7272 00; E-mail: customercare@sapc.za.org; Website: www.sapc.za.org

RP signature_

	REGISTRATION OF A DISPENSARY WITHIN A PRIMA FACILITY APPROVED BY COUNCIL, CONTINUES					
SECTION C: PARTICULARS OF THE SUPERVISING PHARMACIST						
Surname/Last Name						
Title	Initials (First Names)					
First Names In Full						
Identity Number OR Passport number						
Email Address	·					
Cell number						
Pharmacist Registration No	Pharmacist Account Number					
Date of appointment as supervising pharmacist						
SECTION D: PARTICULARS OF THE APPROVED BY COUN	E POST BASIC PHARMACIST'S ASSISTANT FOR THE PHC OR FACILITY CIL					
Pharmacist Assistant Registration No.	Pharmacist Assistant Account No					
Surname/Last Name						
Title	Initials (First Names)					
First Names In Full						
Identity Number OR Passport number Email Address						
Cell number						
Date of acceptance as a Post Basic pharmacist's assistant for the PHC	D D / M M / Y Y Y					
I(full names), accept the responsibility as a post basic pharmacist's assistant at the above Facility and that it will be conducted in accordance with good pharmacy practice guidelines as published by Council;						
Signature:						
SECTION E: SUPPORTING DOCUM	ENTATION AND APPLICABLE FEES	Office Use Only				
I, the above applicant, submit the fol	Mark with a ✔ llowing in support of this application:					
a) a professionally drawn floor plan in accordance with Rule 1.2 read together with Rule 2.31;						
b) a copy of the registration certifi abovementioned facility	cate of the Post Basic Pharmacist's Assistant at the					
c) Annual fee – (Payable with ev R1 107.00 (VAT incl.) (refer n	ery application and then 1 July every year thereafter.) ote B)					

Date_





South African Pharmacy Council591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; Tel: 0861 7272 00; E-mail: customercare@sapc.za.org; Website: www.sapc.za.org

RP signature_____

APPLICATION FOR THE REGISTRATION OF A DISPENSARY WITHIN A PRIMARY HEALTHCARE

	INIC OR FACILITY APP						ONI	INU	ES .	•••••	•••						
SEC	TION F: DECLARATION BY THI	E SUPERV	ISING	3 PHA	RMAC	CIST											
I, declare that: -																	
a) I herewith include the applicable documentation/fee(s);																	
b)	 the above Facility will be conducted in accordance with good pharmacy practice guidelines as published by Council; 																
c)	c) the information furnished herewith is true and correct.																
Super Signat	vising Pharmacist's ture:		Date: DD/MM/YYYY														
SEC	TION G: DECLARATION BY CO	MMISSION	NER (OF OA	THS												
														_	TAMP		
The abovementioned was SIGNED and SWORN TO before me at																	
								conta	nes, capacity, address and contact details of nmissioner of Oaths)								
SAP	C Electronic Payment Details (I	f not vet ca	antur	ad on	Coun	cil'e fi	nanci	l evet	am)								
	of Beneficiary	i not yet ce					acy Co		ciii)								
Name	ame of Bank Standard Bank of South Africa																
Accou	unt type		Che	que a	ccoun	t											
Branc	th Code		0	1	0	1	4	5									
Benef	ficiary Account number		0	1	1	8	8	5	8	6	6						
Benef	Beneficiary Reference Your account number ** with SAPC and surname & initials.																
PLEASE NOTE: 1. 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. 2. Cash, postal orders and cheques will not be accepted with any application form. 3. 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.																	
Criter	ria for registration for a prim	ary healtl	hcar	e clin	ic dis	spens	ary										
The fo	ollowing are considered in the	evaluatior	n of a	an app	olicatio	on for	regis	ratior	for a	prima	ary he	althc	are cl	inic di	spens	sary	
(a) (b)	The institutional public pharmacy must have an RP and be recorded with council, local authority must have a pharmacist;																
(d)	 (c) A dispensary linked to either institutional public pharmacy or local authorities, must have a post basic pharmacist's assistant and a supervising pharmacist; (d) A supervising pharmacist may only supervise a maximum of three primary healthcare clinic dispensary 																
Provi	nces or local authorities in and record the facility as a l	tending t	to pl	ace a	pha				-	-					•	-	with

Date_____



South African Pharmacy Council

Form is valid for **2026** only

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

Page 4 of 4

Reasons why a primary healthcare clinic dispensary may not be registered

- (a) If the institutional public pharmacy is not recorded with Council;
- (b) If there is no RP at the institutional public pharmacy;
- (c) If the supervising pharmacist is already linked to three primary healthcare clinic dispensary;
- (d) If there is no post basic pharmacist's assistant at the primary healthcare clinic dispensary
- (e) If the supervising pharmacist is an RP or tutor at a different facility
- (f) If the primary healthcare clinic dispensary is not linked to a institutional public pharmacy or local authorities
- (g) If either the post basic pharmacist's assistant, RP or supervising pharmacist are erased for any reasons

Annual fees for PHC dispensary shall be payable with every application and then 1 July every year thereafter. Council must be informed at all times about the resignation on any parties involved.

DD : (D (
RP signature	Date