



South African Pharmacy Council

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Form is valid for
2026 only

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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 use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council, to the postal address above							Office Use Only
SECTION A: PARTICULARS OF THE MAIN FACILITY							
Responsible Authority	District Office	Institutional (Public)	Local government	S A P S	SANDF	Correctional Service	
Type of Facility	Provincial PHC	SANDF Sickbay	SAPS Sickbay	Local government	NGO PHC	Other facility	
Full name(s) of owner							
Facility Name							
Facility Account Numbers	y						
Courier Address							
Postal address (refer note A)					Street code		
					Postal code		
Physical address (As it appears on the licence and recorded with Council)							
Province					Street code		
Telephone number	()		-				
Fax number	()		-				
E-mail address							
SECTION B: PARTICULARS OF THE DISPENSARY WITHIN A PHC OR FACILITY APPROVED BY COUNCIL TO BE REGISTERED							
Dispensary / Facility Name							
Postal address (refer note A)							
					Postal address		
Physical address							
					Street address		
Telephone number	()		-				
Fax Number	()		-				

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

Note B: Fees subject to change without further notification

RP signature _____

Date _____

APPLICATION FOR THE REGISTRATION OF A DISPENSARY WITHIN A PRIMARY HEALTHCARE CLINIC OR FACILITY APPROVED BY COUNCIL, CONTINUES

SECTION C: PARTICULARS OF THE SUPERVISING PHARMACIST

Surname/Last Name	<input type="text"/>		
Title	<input type="text"/>	Initials (First Names)	<input type="text"/>
First Names In Full	<input type="text"/>		
Identity Number OR Passport number	<input type="text"/>		
Email Address	<input type="text"/>		
Cell number	<input type="text"/>	-	<input type="text"/>
Pharmacist Registration No	<input type="text"/>	Pharmacist Account Number	P <input type="text"/>
Date of appointment as supervising pharmacist	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

SECTION D: PARTICULARS OF THE POST BASIC PHARMACIST'S ASSISTANT FOR THE PHC OR FACILITY APPROVED BY COUNCIL

Pharmacist Assistant Registration No.	<input type="text"/>	Pharmacist Assistant Account No	P <input type="text"/>
Surname/Last Name	<input type="text"/>		
Title	<input type="text"/>	Initials (First Names)	<input type="text"/>
First Names In Full	<input type="text"/>		
Identity Number OR Passport number	<input type="text"/>		
Email Address	<input type="text"/>		
Cell number	<input type="text"/>		
Date of acceptance as a Post Basic pharmacist's assistant for the PHC	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

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 DOCUMENTATION AND APPLICABLE FEES

Office Use Only

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

Mark with a ✓

- a) a professionally drawn floor plan in accordance with Rule 1.2 read together with Rule 2.31; ☐
- b) a copy of the registration certificate of the Post Basic Pharmacist's Assistant at the abovementioned facility ☐
- c) Annual fee – (Payable with every application and then 1 July every year thereafter.)
R1 107.00 (VAT incl.) (refer note B)

RP signature _____

Date _____

Date _____

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.

RP signature_____

Date_____