



# South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org  
Tel: 0861 7272 00; Fax: 27 (12) 321-1479/92; E-mail: customercare@sapc.za.org

2023

## APPLICATION FOR ACCESS RIGHTS TO PHARMACY OWNERS

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 OWNER

Pharmacy Ownership Type	Company	Close Corporation	Partnership	Sole Proprietor	Trust	State
Category of Pharmacy	Community C1	Institutional (private) C13	Wholesale C8	Manufacturing C6	Consultant C14	Institutional (Public) C2
Pharmacy Name / Trading Title						
Pharmacy Y-number						
Juristic Name of Owner (state entity, company, close corporation, pers, etc.)						
CIPC Number (if applicable)						
ID Number (sole proprietor / Partnership)						
Full Name of Head of Pharmaceutical Services for the Pharmacy Group / Province / Metro / SANDF/ SAPS and Correctional Services						
Owner's telephone number	(    )    -					
Owner's cell phone number	(    )    -					
Owner's e-mail address						

### SECTION B: PARTICULARS OF THE DELEGATED PERSON (complete for each delegated person)

Surname/Last Name						
Title	Initials (First Names)					
First Names In Full						
Identity Number or Passport number						
Business Physical Address						
	Street code					
Contact Telephone Number	(    )    -					
Cell Number	(    )    -					
E-mail Address						

### SECTION C: ACCESS RIGHTS

Please indicate the access rights required for the delegated person	Mark with a ✓
a) <b>CSP Progression – Progress Community Service Pharmacists</b>	
b) All pharmacies (IF NOT, refer to (c) below)	
c) Selected pharmacies (provide a list of pharmacies with Y numbers)	
d) Update postal and courier addresses	
e) Employment details – all registered persons	
f) Finance – make payments, download invoices and receipts	
g) Inspections – view inspection information	
h) Responsible pharmacist – view pharmacies' RPs and their contact details	
i) Premises approval – view duration of premises approvals	
j) All role types – View all staff employed per facility	

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_



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## APPLICATION FOR ACCESS RIGHTS TO GROUP PHARMACY

### SECTION D: SUPPORTING DOCUMENTATION

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

Mark with a ✓

a) A certified copy ID for the delegated person

b) Letter of delegation from the national or Provincial Department of Health (**For Public Sector**)

c) Company Resolution (**For juristic persons**)

### SECTION E: DECLARATION BY THE OWNER / REPRESENTATIVE

I, declare that-

- a) I herewith include the applicable documentation;
- b) the information furnished herewith is true and correct.

Owners Signature:

Date:

 /  / 

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_