



South African Pharmacy Council

Form is valid for
2023 only

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

APPLICATION FOR ACCESS RIGHTS TO GROUP PHARMACY

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	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 16.6%;">Company</td> <td style="width: 16.6%;">Close Corporation</td> <td style="width: 16.6%;">Partnership</td> <td style="width: 16.6%;">Sole Proprietor</td> <td style="width: 16.6%;">Trust</td> <td style="width: 16.6%;">State</td> </tr> </table>	Company	Close Corporation	Partnership	Sole Proprietor	Trust	State	
Company	Close Corporation	Partnership	Sole Proprietor	Trust	State			
Category of Pharmacies	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 16.6%;">Community C1</td> <td style="width: 16.6%;">Institutional (private) C13</td> <td style="width: 16.6%;">Wholesale C8</td> <td style="width: 16.6%;">Manufacturing C6</td> <td style="width: 16.6%;">Consultant C14</td> <td style="width: 16.6%;">Institutional (Public) C2</td> </tr> </table>	Community C1	Institutional (private) C13	Wholesale C8	Manufacturing C6	Consultant C14	Institutional (Public) C2	
Community C1	Institutional (private) C13	Wholesale C8	Manufacturing C6	Consultant C14	Institutional (Public) C2			
Juristic Name of Owner (state entity, company, close corporation, person, etc.)	<table border="1" style="width: 100%; height: 20px;"><tr><td></td></tr></table>							
CIPC Number (if applicable)	<table border="1" style="width: 100%; height: 20px;"><tr><td></td></tr></table>							
ID Number (sole proprietor / Partnership)	<table border="1" style="width: 100%; height: 20px;"><tr><td></td></tr></table>							
Full Name of Head of Pharmaceutical Services for the Pharmacy Group / Province / Metro / SANDF/ SAPS and Correctional Services	<table border="1" style="width: 100%; height: 20px;"><tr><td></td></tr></table>							
Owner's telephone number	(<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
Owner's cell phone number	(<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
Owner's e-mail address	<table border="1" style="width: 100%; height: 20px;"><tr><td></td></tr></table>							
SECTION B: PARTICULARS OF THE DELEGATED PERSON (complete for each delegated person)								
Surname/Last Name	<table border="1" style="width: 100%; height: 20px;"><tr><td></td></tr></table>							
Title	<table border="1" style="width: 100%;"><tr><td style="width: 30%;"><input type="text"/></td><td style="text-align: center;">Initials (First Names)</td><td style="width: 30%;"><input type="text"/></td></tr></table>	<input type="text"/>		Initials (First Names)	<input type="text"/>			
<input type="text"/>	Initials (First Names)	<input type="text"/>						
First Names In Full	<table border="1" style="width: 100%; height: 20px;"><tr><td></td></tr></table>							
Identity Number or Passport number	<table border="1" style="width: 100%; height: 20px;"><tr><td></td></tr></table>							
Business Physical Address	<table border="1" style="width: 100%; height: 40px;"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td style="text-align: right;">Street code</td></tr></table>					Street code		
Street code								
Contact Telephone Number	(<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
Cell Number	(<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
E-mail Address	<table border="1" style="width: 100%; height: 20px;"><tr><td></td></tr></table>							
SECTION C: ACCESS RIGHTS								
Please indicate the access rights required for the delegated person		Mark with a ✓						
a) CSP Progression – Progress Community Service Pharmacists		<input type="checkbox"/>						
b) All pharmacies (IF NOT, refer to (c) below)		<input type="checkbox"/>						
c) Selected pharmacies (provide a list of pharmacies with Y numbers)		<input type="checkbox"/>						
d) Update postal and courier addresses		<input type="checkbox"/>						
e) Employment details – all registered persons		<input type="checkbox"/>						
f) Finance – make payments, download invoices and receipts		<input type="checkbox"/>						
g) Inspections – view inspection information		<input type="checkbox"/>						
h) Responsible pharmacist – view pharmacies' RPs and their contact details		<input type="checkbox"/>						
i) Premises approval – view duration of premises approvals		<input type="checkbox"/>						
j) All role types – View all staff employed per facility		<input type="checkbox"/>						

Applicant's signature _____

Date _____



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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 only**)

c) Company Resolution authorizing the applicant to act on behalf of the company (Letter of delegation)

d) Company document as approved by CIPC

e) Registration fee (**Payable with every delegate registration**): R2 544.00 (VAT incl.)

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 _____