

Date _____

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:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Applicant's signature_____

Date_____