

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

Page 1 of 2

## 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 T				, ,			
Pharmacy Ownership Type	Company	Close Corporatio	n Partne	ership Sole Proprie		State	
Category of Pharmacy	Community C1	Institutional (private) C13	Wholesale C8	Manufacturing ( C6	Consultant Ir C14	nstitutional (Public) C2	
Pharmacy Name / Trading Title							
Pharmacy Y-number							
Juristic Name of Owner (state entity, company, close corporation, pers, etc.)							
CIPC Number <i>(if applicable)</i> 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 1	THE DELEG	ATED PER	SON (con	nplete for eac	h delegated	l person)	
Surname/Last Name							
Title		Initials	(First Nam	nes)			
First Names In Full							
Identity Number or Passport number							
Business Physical Address							
				Street co	ode		
Contact Telephone Number	(	)		-			
Cell Number	(	)		-			
E-mail Address							
SECTION C: ACCESS RIGHTS							
Please indicate the access rights re-	quired for th	e delegated	person		Mark	with a ✓	
<ul> <li>a) CSP Progression – Progress</li> <li>b) All pharmacies (IF NOT, refer the selected pharmacies (provide d) Update postal and courier address</li> <li>c) Employment details – all regists</li> <li>f) Finance – make payments, do g) Inspections – view inspection i</li> </ul>	to (c) below) a list of phat resses tered persor wnload invo information	rmacies with ns ices and rec	n Y numbe ceipts	ers)			
<ul> <li>h) Responsible pharmacist – view</li> <li>i) Premises approval – view dura</li> <li>j) All role types – View all staff en</li> </ul>	ation of pren	nises approv		act details			

2024



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

Page 2 of 2

## APPLICATION FOR ACCESS RIGHTS TO GROUP PHARMACY

SECTION D: SUPPORTING DOCU	MENTATION		
I, the above applicant, submit the fo	ollowing in support of this application:	Mark with a ✔	
a) A certified copy ID for the deleg	jated person		
<li>b) Letter of delegation from the na Sector)</li>	tional or Provincial Department of Health	(For Public	
c) Company Resolution (For juris	itic persons)		
SECTION E: DECLARATION BY	THE OWNER / REPRESENTATIVE		
I, declare that-			
a) I herewith include the applicabl	e documentation;		
b) the information furnished herew	vith is true and correct.		
Γ			
Owners Signature:	Date:		