

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

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Applicant's signature______

APPLICATION FOR ACCESS RIGHTS TO GROUP PHARMACY Please use black ink and complete in BLOCK CAPITALS.

Return to: Th							Office Use Only	
SECTION A: PARTICULARS OF THE OWNER								
Pharmacy Ownership Type	Company	Close Corporation	Partner	rship Sol Propri		State		
Category of Pharmacies	Community C1	Institutional (private) C13	Wholesale C8	Manufacturing C6	Consultant C14	nstitutional (Public) C2		
Juristic Name of Owner (state entity, company, close corporation, person, 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 T	HE DELEG	ATED PERS	ON (com	plete for each	ch delegated	d person)		
Surname/Last Name								
Title		Initials (F	rirst Name	es)				
First Names In Full								
Identity Number or Passport number								
Business Physical Address								
				Street o	ode			
Contact Telephone Number								
•								
Cell Number				- 				
E-mail Address								
SECTION C: ACCESS RIGHTS Mark								
Please indicate the access rights re-	quired for th	e delegated p	person		with a			
a) CSP Progression – Progress Community Service Pharmacists b) All pharmacies (IF NOT, refer to (c) below) c) Selected pharmacies (provide a list of pharmacies with Y numbers)								
c) Selected pharmacies (provide ad) Update postal and courier additional								
e) Employment details – all regist								
f) Finance – make payments, do								
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 er								

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)					
c) Company Resolution (For juristic persons)					
d) Registration fee (<i>Payable with every delegate registration</i>): R2, 694.00 (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:	/ Y Y Y				

Annlicant's signature Date			
Applicant 3 signature	Applicant's signature	Date	