

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

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

☐

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

☐

d) Registration fee (**Payable with every delegate registration**): 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:

Date:

D	D	/	M	M	/	Y	Y	Y	Y
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Applicant's signature_____

Date_____