

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%; border-collapse: collapse;"> <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%; border-collapse: collapse;"> <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.)	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>							
CIPC Number (if applicable)	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>							
ID Number (sole proprietor / Partnership)	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>							
Full Name of Head of Pharmaceutical Services for the Pharmacy Group / Province / Metro / SANDF/ SAPS and Correctional Services	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>							
Owner's telephone number	(<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>) <div style="border: 1px solid black; width: 40px; height: 1.2em;"></div> - <div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>							
Owner's cell phone number	(<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>) <div style="border: 1px solid black; width: 40px; height: 1.2em;"></div> - <div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>							
Owner's e-mail address	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>							
SECTION B: PARTICULARS OF THE DELEGATED PERSON (complete for each delegated person)								
Surname/Last Name	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>							
Title	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div> Initials (First Names) <div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>							
First Names In Full	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>							
Identity Number or Passport number	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>							
Business Physical Address	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>							
	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>							
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	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>							
	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>							
Contact Telephone Number	(<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>) <div style="border: 1px solid black; width: 40px; height: 1.2em;"></div> - <div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>							
Cell Number	(<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>) <div style="border: 1px solid black; width: 40px; height: 1.2em;"></div> - <div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>							
E-mail Address	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>							
SECTION C: ACCESS RIGHTS								
Please indicate the access rights required for the delegated person		Mark with a ✓						
a) CSP Progression – Progress Community Service Pharmacists		<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>						
b) All pharmacies (IF NOT, refer to (c) below)		<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>						
c) Selected pharmacies (provide a list of pharmacies with Y numbers)		<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>						
d) Update postal and courier addresses		<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>						
e) Employment details – all registered persons		<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>						
f) Finance – make payments, download invoices and receipts		<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>						
g) Inspections – view inspection information		<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>						
h) Responsible pharmacist – view pharmacies' RPs and their contact details		<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>						
i) Premises approval – view duration of premises approvals		<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>						
j) All role types – View all staff employed per facility		<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>						

Applicant's signature _____

Date _____



South African Pharmacy Council

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

Form is valid for
2024 only

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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 | <input type="checkbox"/> |
| b) Letter of delegation from the National or Provincial Department of Health (For Public Sector only) | <input type="checkbox"/> |
| c) Company Resolution authorizing the applicant to act on behalf of the company (Letter of delegation) | <input type="checkbox"/> |
| d) Company document as approved by CIPC | <input type="checkbox"/> |
| e) Registration fee (Payable with every delegate registration): R2 694.00 (VAT incl.) | <input type="checkbox"/> |

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_____