



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
2022 only

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"> <tr> <td>Company</td> <td>Close Corporation</td> <td>Partnership</td> <td>Sole Proprietor</td> <td>Trust</td> <td>State</td> </tr> </table>	Company	Close Corporation	Partnership	Sole Proprietor	Trust	State																																																																														
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Category of Pharmacies	<table border="1"> <tr> <td>Community C1</td> <td>Institutional (private) C13</td> <td>Wholesale C8</td> <td>Manufacturing C6</td> <td>Consultant C14</td> <td>Institutional (Public) C2</td> </tr> </table>	Community C1	Institutional (private) C13	Wholesale C8	Manufacturing C6	Consultant C14	Institutional (Public) C2																																																																														
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Juristic Name of Owner (state entity, company, close corporation, person, etc.)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																																				
CIPC Number (if applicable)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																																				
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Full Name of Head of Pharmaceutical Services for the Pharmacy Group / Province / Metro / SANDF/ SAPS and Correctional Services	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																																				
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Owner's e-mail address	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																																				
SECTION B: PARTICULARS OF THE DELEGATED PERSON (complete for each delegated person)																																																																																					
Surname/Last Name	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																																				
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First Names In Full	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																																				
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SECTION C: ACCESS RIGHTS																																																																																					
Please indicate the access rights required for the delegated person		Mark with a ✓																																																																																			
a) CSP Progression – Progress Community Service Pharmacists		<table border="1"><tr><td></td></tr></table>																																																																																			
b) All pharmacies (IF NOT, refer to (c) below)		<table border="1"><tr><td></td></tr></table>																																																																																			
c) Selected pharmacies (provide a list of pharmacies with Y numbers)		<table border="1"><tr><td></td></tr></table>																																																																																			
d) Update postal and courier addresses		<table border="1"><tr><td></td></tr></table>																																																																																			
e) Employment details – all registered persons		<table border="1"><tr><td></td></tr></table>																																																																																			
f) Finance – make payments, download invoices and receipts		<table border="1"><tr><td></td></tr></table>																																																																																			
g) Inspections – view inspection information		<table border="1"><tr><td></td></tr></table>																																																																																			
h) Responsible pharmacist – view pharmacies' RPs and their contact details		<table border="1"><tr><td></td></tr></table>																																																																																			
i) Premises approval – view duration of premises approvals		<table border="1"><tr><td></td></tr></table>																																																																																			
j) All role types – View all staff employed per facility		<table border="1"><tr><td></td></tr></table>																																																																																			

Applicant's signature _____

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 only**)

c) Company Resolution authorizing the applicant to act on behalf of the company (Letter of delegation)

d) Company document as approved by CIPC

e) Registration fee (**Payable with every delegate registration**): R2 400.00 (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:

 / /

Applicant's signature _____

Date _____