



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

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APPLICATION FOR ACCESS RIGHTS TO GROUP PHARMACY

			an Pharmacy (Office Use Only
SECTION A: PARTICULARS OF THE OWNER						
Pharmacy Ownership Type	Company	Close Corporation	Partnership	Sole Proprietor	rust State	
Category of Pharmacies	Community C1	Institutional (private) C13		facturing Consultant	t Institutional (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						
Owner's telephone number	()	<u> </u>			
Owner's cell phone number	()	<u> </u>			
Owner's e-mail address						
SECTION B: PARTICULARS OF	THE DELEC	GATED PERS	SON (complet	te for each dele	gated person)	
Surname/Last Name						
Title		Initials (F	irst Names)			
First Names In Full						
Identity Number or Passport number						
Business Physical Address						
				Street and		
Contact Telephone Number				Street code		
Cell Number E-mail Address						
SECTION C: ACCESS RIGHTS				1 1 1 1 1		
Please indicate the access rights re	equired for tl	he delegated	person		Mark 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) d) Update postal and courier addresses e) Employment details – all registered persons f) Finance – make payments, download invoices and receipts g) Inspections – view inspection information h) Responsible pharmacist – view pharmacies' RPs and their contact details i) Premises approval – view duration of premises approvals						
 d) Update postal and courier adde e) Employment details – all regis f) Finance – make payments, do g) Inspections – view inspection h) Responsible pharmacist – view i) Premises approval – view dura 	Iresses Itered perso Itered perso Involution Ires Ires Ires Ires Ires Ires Ires Ires	ns bices and rece es' RPs and the mises approve	<i>eipt</i> s heir contact de	etails		

Applicant's signature	Date



Form is valid for **2021** 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				
b) Letter of delegation from the national or Provincial Department of Health <i>(For Public Sector)</i>				
c) Company Resolution (For juristic persons)				
d) Registration fee (<i>Payable with every delegate registration</i>): R2 308.00 (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: DD / MM /	YYYY			

A !: +': +	Data
Applicant's signature	Date
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