



## APPLICATION FOR REPRINT OF PHARMACY LICENCE

**Please return to: Licensing Unit,**  
AB Xuma Building, 112 Voortrekker Road, Pretoria Townlands 351-  
Jr, Pretoria, 0187  
Contacts Us: 012 395 8000  
**Email back to:** [pharmapps@health.gov.za](mailto:pharmapps@health.gov.za)

<b>DOH LICENCE NUMBER</b> <small>(where applicable)</small>			
<b>RECORDED PHARMACY NAME</b>		<b>Y-Number</b>	
<b>RECORDED PHARMACY OWNER</b>			

**\*SECTION A: PHARMACY PARTICULARS**

<b>Pharmacy Owner</b>	Company	Close Corporation	Partnership	Sole Proprietor	Trust	State			
<b>Pharmacy Category</b>	Community	Institutional (private)	Institutional (public)	Wholesale	Manufacturing	Consultant			
<b>Name of Owner(s)</b> <small>as per CIPC registration (where applicable)</small>									
<b>CIPC Number</b> <small>(where applicable)</small>									
<b>Name of Owner(s)</b> <small>In case of sole proprietor or partnership</small>									
<b>ID number(s)</b> <small>In case of sole proprietor or partnership</small>									
<b>Physical Address</b>							<b>Code</b>		
<b>Postal Address</b> <small>(To which licence must be sent)</small>							<b>Code</b>		
<b>Telephone Number</b>									
<b>Fax Number</b>									
<b>Email Address</b>									

**\*SECTION B: REASON FOR REPRINT**


**\*SECTION C: SUPPORTING DOCUMENTS AND APPLICABLE FEES**

<b>I, above applicant, submit the following documents in support of this application:</b>	Mark with X
(a) Certified copy of current licence issued by the National Department of Health (where applicable)	<input type="checkbox"/>
(b) Proof of payment of licence reprint fee – R250	<input type="checkbox"/>
(c) Certified copy of current pharmacy recording certificate of Pharmacy Owner and Responsible Pharmacist with the SAPC	<input type="checkbox"/>
(d) Certified copy of licence issued by the Medicines Control Council (where applicable)	<input type="checkbox"/>
(e) Copy of company registration documents with the Companies and Intellectual Property Commission (CIPC)	<input type="checkbox"/>

**National Department of Health Banking Details:**

Bank	:	ABSA
Branch	:	Vermeulen Street
Branch code	:	632005
Account No.	:	4053643510
Account type	:	Cheque account
Beneficiary Ref.	:	SAPC Y-Number <b>(Note: exclude the letter Y and add zeros at the end to make 8 numbers)</b>

**\*SECTION D: DECLARATION BY THE OWNER OR RESPONSIBLE PHARMACIST**

**I, declare that:**

(a) the information furnished herewith is true and correct

(b) I hereby include the applicable documentation/fees

<b>Owner or Responsible Pharmacist's Signature:</b>	<b>Date:</b>	
---	--------------	--

**\*SECTION E: DECLARATION BY COMMISSIONER OF OATHS**

<p>The abovementioned was SIGNED and SWORN TO before me at _____ (place)</p> <p>On this _____ day of _____ in the year _____, the deponent (applicant) having acknowledged that he/she knows and understands the contents of this declaration.</p> <p><b>SIGNATURE OF COMMISSIONER OF OATHS</b> _____</p>	<p><b>Stamp</b> (Compulsory)</p> <p><small>(Full names, capacity, address and contact details of Commissioner of Oaths)</small></p>
---	---