



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

APPLICATION FOR REPRINT OF A PERMIT ISSUED IN TERMS OF SECTION 22A(15) AND REGULATION 31 OF THE MEDICINES AND RELATED SUBSTANCES ACT 101 OF 1965 - (LOST/DAMAGED)

Please return to: National Department of Health: Licensing Unit
EMAIL TO: ndohpermits@health.gov.za
Subject Line to email: Reprint, Initials, Surname, SANC Number

LU-FORM-6.4.1
Version 1
2024

PERMIT TYPE	Section 22A(15) *Select below*			Regulation 31 Permit
	Family Planning Services	Immunisation Services	Treatment of minor ailments (Home Based Care)	Midwifery Services
PERMIT NUMBER (s)				
SANC NUMBER				
*SECTION A: PRACTICE / BUSINESS PARTICULARS				
Facility/Business Name				
Full name(s) of dispensing licence holder				
ID Number				
Date permit issued				
Premises Address				
				Code
Postal Address				
				Code
Telephone Number				
Email Address (important)				

***SECTION B: REASON FOR REPRINT**

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

I, above applicant, submit the following documents in support of this application:	Mark with X
(a) Proof of payment of all outstanding annual fees – as advised	
(b) Proof of payment of reprint fee of R250	
(c) Proof of current statutory council registration	
(d) Copy of permits last issued by DOH (if on record)	

National Department of Health Banking Details:

Bank : ABSA
 Branch : Vermeulen Street
 Branch code : 632005
 Account No. : 4053643510
 Account type : Cheque account
 Beneficiary Ref. : Statutory Council Registration **(Note: No alphabets and add zeros at the end to make 8 numbers)**

***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
 (c) I am in good standing with my professional council

Signature: _____ Date: _____

***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>SIGNATURE OF COMMISSIONER OF OATHS _____</p>	<p>Stamp (Compulsory)</p> <p><small>(Full names, capacity, address and contact details of Commissioner of Oaths)</small></p>
--	---