

## APPLICATION FOR REPRINT OF A DISPENSING LICENCE (LOST/DAMAGED)

Please return to: National Department of Health: Licensing Unit 1112 Voortrekker Road, Pretoria Townlands 351-JR, Pretoria, 0187

EMAIL TO: <a href="mailto:dispensepps@health.gov.za">dispensepps@health.gov.za</a>

Subject Line to email: Reprint, Initials, Surname, MP-Number

Tel: (012)395 8213/8206

LU-FORM-6.3.1 Version 1 2024

		161. (012	J333 0Z I	3/0200											
DISPENSING LICENCE NUMBER															
COUNCIL REGISTRATION NUMBER (HPCSA/SANC)															
*SECTION A: PRACTICE / BUSI	NESS PA	RTICU	LARS												
Practice/Business Name															
Full name(s) of dispensing licence															
holder ID Number															
Date licence issued			1				<u> </u>								
Durania a Addura															
Premises Address															
				1	1	1			<del> </del>	Code					
Postal Address									<del>                                     </del>						
		ı	<u> </u>				ı		1	Code					
Telephone Number															
Email Address (important)															
*SECTION B: REASON FOR RE	PRINT														
*SECTION C: SUPPORTING DO	CUMENT	S AND	APPL	ICAB	LE FE	ES									
I, above applicant, submit the following												N	/lark witl	h 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 dispensing licence last issued by DOH															
National Department of Health Banking Bank :		RSΔ													
Branch :	: ABSA : Vermeulen Street														
Branch code :	: 632005														
Account No. : Account type :	: 4053643510 : Cheque account														
Beneficiary Ref. :				gistratio	n (Note	: No alp	habets	and ad	ld zeros a	it the e	end to m	nake 8 r	numbers	s)	
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															
<ul><li>(b) I hereby include the applicable do</li><li>(c) I am in good standing with my pro</li></ul>															
Signature:	lessional co	undi					Da	te:							
*SECTION E: DECLARATION BY COMMISSIONER OF OATHS									Stamp						
OLO HOLL DEGLARATION DI COMMINGUICILE CI CATTIC							_	(Compulsory)							
The abovementioned was SIGNED and SWORN TO before me at(place)							(Fu	(Full names, capacity, address and contact details of Commissioner of Oaths)							
On thisday ofin the year, the deponent (applicant) having															
acknowledged that he/she knows and understands the contents of this declaration.															
SIGNATURE OF COMMISSIONER OF OATHS															