



## APPLICATION FOR REPRINT OF A DISPENSING LICENCE (RENEWAL)

**Please return to: National Department of Health: Licensing Unit**  
1112 Voortrekker Road, Pretoria Townlands 351-JR, Pretoria, 0187  
EMAIL TO: [dispensepps@health.gov.za](mailto:dispensepps@health.gov.za)  
Subject Line to email: Reprint, Initials, Surname, MP-Number  
Tel: (012)395 8213/8206

LU-FORM-6.3.2  
Version 1  
2022-2024

<b>DISPENSING LICENCE NUMBER</b>													
<b>COUNCIL REGISTRATION NUMBER (HPCSA/SANC)</b>													
<b>*SECTION A: PRACTICE / BUSINESS PARTICULARS</b>													
Practice/Business Name													
Full name(s) of dispensing licence holder													
ID Number													
Date licence issued													
Premises Address													
												Code	
Postal Address													
												Code	
Telephone Number													
Email Address ( <b>important</b> )													
<b>*SECTION B: REASON FOR REPRINT</b>													
<b>*SECTION C: SUPPORTING DOCUMENTS AND APPLICABLE FEES</b>													
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 dispensing licence last issued by DOH													
<b>National Department of Health Banking Details:</b>													
Bank	:	ABSA											
Branch	:	Vermeulen Street											
Branch code	:	632005											
Account No.	:	4053643510											
Account type	:	Cheque account											
Beneficiary Ref.	:	Statutory Council Registration ( <b>Note: No alphabets and add zeros at the end to make 8 numbers</b> )											
<b>*SECTION D: DECLARATION BY THE OWNER OR RESPONSIBLE PHARMACIST</b>													
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:		
<b>*SECTION E: DECLARATION BY COMMISSIONER OF OATHS</b>												<b>Stamp</b> (Compulsory)	
The abovementioned was SIGNED and SWORN TO before me at _____(place)												<i>(Full names, capacity, address and contact details of Commissioner of Oaths)</i>	
On this _____ day of _____ in the year _____, the deponent (applicant) having acknowledged that he/she knows and understands the contents of this declaration.													
SIGNATURE OF COMMISSIONER OF OATHS _____													