



**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 - (OTHER)**

**Please return to: National Department of Health: Licensing Unit**  
 1112 Voortrekker Road, Pretoria Townlands 351-JR, Pretoria, 0187  
 EMAIL TO: [ndohpermits@health.gov.za](mailto:ndohpermits@health.gov.za) Tel: (012)395 8314/8315  
 Subject Line to email: Reprint, Initials, Surname, SANC Number

LU-FORM-6.4.2  
 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				
<b>*SECTION A: PRACTICE / BUSINESS PARTICULARS</b>				
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)				
<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 permits last issued by DOH (if on record)				
<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 _____				