



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: dispensepps@health.gov.za
 Subject Line to email: Reprint, Initials, Surname, MP-Number
 Tel: (012)395 8213/8206

LU-FORM-6.3.1
 Version 1
 2024

DISPENSING LICENCE NUMBER	
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COUNCIL REGISTRATION NUMBER (HPCSA/SANC)	
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***SECTION A: DISPENSING LICENCE HOLDER**

Practice/Business Name	
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Full name(s) of dispensing licence holder	
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ID Number	
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Date licence issued	
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Premises Address	
	Code

Postal Address	
	Code

Telephone Number	
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Email Address (important)	
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***SECTION B: REASON FOR REPRINT**

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***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 dispensing licence last issued by DOH	

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 DISPENSING LICENCE HOLDER**

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:
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***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>
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