APPLICATION FOR REPRINT OF A DISPENSING LICENCE (RENEWAL)



<u>Please return to: National Department of Health: Licensing Unit</u> 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-6.3.2 Version 1 2022-2024

DISPENSING LICENCE NUMBER										
COUNCIL REGISTRATION										
NUMBER (HPCSA/SANC)										
*SECTION A: DISPENSING LICE	NCE HOLD	ER PARTI	CULARS							
Practice/Business Name										
Full name(s) of dispensing licence holder								•		
ID Number										
Date licence issued				•			·			
Premises Address										
r Teinises Audress										
						Code	_			
						Code				
Postal Address										
						Code				
Telephone Number										
Email Address (<mark>important</mark>)										
*SECTION B: REASON FOR REI	PRINT									
*SECTION C: SUPPORTING DO				EES						
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										
(a) 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 I	Details:									
Bank	ABSA									
Branch : Branch code :										
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	(DISPENS	ING LICEN	ICE HOLDI	ER						
I, declare that:	is true and corr	o ot								
(a) the information furnished herewith(b) I hereby include the applicable doc										
(c) I am in good standing with my prof										
Signature:					Date:					
							Stamp			
*SECTION E: DECLARATION BY COMMISSIONER OF OATHS						(Compulsory)				
The abovementioned was SIGNED and SWORN TO before me at(place)					(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										