



South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 7272 00; E-mail: customercare@sapc.za.org

2025

APPLICATION FOR ACCESS RIGHTS TO PHARMACY OWNERS

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council		Office Use Only						
SECTION A: PARTICULARS OF THE OWNER								
Pharmacy Ownership Type	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Company</td> <td style="width: 15%;">Close Corporation</td> <td style="width: 15%;">Partnership</td> <td style="width: 15%;">Sole Proprietor</td> <td style="width: 15%;">Trust</td> <td style="width: 15%;">State</td> </tr> </table>	Company	Close Corporation	Partnership	Sole Proprietor	Trust	State	
Company	Close Corporation	Partnership	Sole Proprietor	Trust	State			
Category of Pharmacy	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Community C1</td> <td style="width: 15%;">Institutional (private) C13</td> <td style="width: 15%;">Wholesale C8</td> <td style="width: 15%;">Manufacturing C6</td> <td style="width: 15%;">Consultant C14</td> <td style="width: 15%;">Institutional (Public) C2</td> </tr> </table>	Community C1	Institutional (private) C13	Wholesale C8	Manufacturing C6	Consultant C14	Institutional (Public) C2	
Community C1	Institutional (private) C13	Wholesale C8	Manufacturing C6	Consultant C14	Institutional (Public) C2			
Pharmacy Name / Trading Title	<input style="width: 100%;" type="text"/>							
Pharmacy Y-number	<input style="width: 100%;" type="text"/>							
Juristic Name of Owner (state entity, company, close corporation, pers, etc.)	<input style="width: 100%;" type="text"/>							
CIPC Number (if applicable)	<input style="width: 100%;" type="text"/>							
ID Number (sole proprietor / Partnership)	<input style="width: 100%;" type="text"/>							
Full Name of Head of Pharmaceutical Services for the Pharmacy Group / Province / Metro / SANDF/ SAPS and Correctional Services	<input style="width: 100%;" type="text"/>							
Owner's telephone number	(<input style="width: 20px;" type="text"/>) <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>							
Owner's cell phone number	(<input style="width: 20px;" type="text"/>) <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>							
Owner's e-mail address	<input style="width: 100%;" type="text"/>							
SECTION B: PARTICULARS OF THE DELEGATED PERSON (complete for each delegated person)								
Surname/Last Name	<input style="width: 100%;" type="text"/>							
Title	<input style="width: 30px;" type="text"/> Initials (First Names) <input style="width: 30px;" type="text"/>							
First Names In Full	<input style="width: 100%;" type="text"/>							
Identity Number or Passport number	<input style="width: 100%;" type="text"/>							
Business Physical Address	<input style="width: 100%;" type="text"/>							
	<input style="width: 100%;" type="text"/>							
	<input style="width: 100%;" type="text"/>							
	<input style="width: 100%;" type="text"/>							
	<input style="width: 100%;" type="text"/>							
	<input style="width: 100%;" type="text"/>							
Contact Telephone Number	(<input style="width: 20px;" type="text"/>) <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>							
Cell Number	(<input style="width: 20px;" type="text"/>) <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>							
E-mail Address	<input style="width: 100%;" type="text"/>							
SECTION C: ACCESS RIGHTS								
Please indicate the access rights required for the delegated person		Mark with a ✓						
a) CSP Progression – Progress Community Service Pharmacists		<input style="width: 30px;" type="checkbox"/>						
b) All pharmacies (IF NOT, refer to (c) below)		<input style="width: 30px;" type="checkbox"/>						
c) Selected pharmacies (provide a list of pharmacies with Y numbers)		<input style="width: 30px;" type="checkbox"/>						
d) Update postal and courier addresses		<input style="width: 30px;" type="checkbox"/>						
e) Employment details – all registered persons		<input style="width: 30px;" type="checkbox"/>						
f) Finance – make payments, download invoices and receipts		<input style="width: 30px;" type="checkbox"/>						
g) Inspections – view inspection information		<input style="width: 30px;" type="checkbox"/>						
h) Responsible pharmacist – view pharmacies' RPs and their contact details		<input style="width: 30px;" type="checkbox"/>						
i) Premises approval – view duration of premises approvals		<input style="width: 30px;" type="checkbox"/>						
j) All role types – View all staff employed per facility		<input style="width: 30px;" type="checkbox"/>						

Applicant's signature _____

Date _____



APPLICATION FOR ACCESS RIGHTS TO GROUP PHARMACY

SECTION D: SUPPORTING DOCUMENTATION

I, the above applicant, submit the following in support of this application:

Mark with a ✓

a) A certified copy ID for the delegated person

b) Letter of delegation from the national or Provincial Department of Health (**For Public Sector**)

c) Company Resolution (**For juristic persons**)

SECTION E: DECLARATION BY THE OWNER / REPRESENTATIVE

I, declare that-

- a) I herewith include the applicable documentation;
- b) the information furnished herewith is true and correct.

Owners Signature:

Date:

 / /

Applicant's signature _____

Date _____