



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 GROUP PHARMACY

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: 16.6%;">Company</td> <td style="width: 16.6%;">Close Corporation</td> <td style="width: 16.6%;">Partnership</td> <td style="width: 16.6%;">Sole Proprietor</td> <td style="width: 16.6%;">Trust</td> <td style="width: 16.6%;">State</td> </tr> </table>	Company	Close Corporation	Partnership	Sole Proprietor	Trust	State	
Company	Close Corporation	Partnership	Sole Proprietor	Trust	State			
Category of Pharmacies	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">Community C1</td> <td style="width: 16.6%;">Institutional (private) C13</td> <td style="width: 16.6%;">Wholesale C8</td> <td style="width: 16.6%;">Manufacturing C6</td> <td style="width: 16.6%;">Consultant C14</td> <td style="width: 16.6%;">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			
Juristic Name of Owner (state entity, company, close corporation, person, 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: 40px;" type="text"/>) <input style="width: 40px;" type="text"/> - <input style="width: 40px;" type="text"/>							
Owner's cell phone number	(<input style="width: 40px;" type="text"/>) <input style="width: 40px;" type="text"/> - <input style="width: 40px;" 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: 60px;" type="text"/>	Initials (First Names) <input style="width: 60px;" 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: 400px;" type="text"/>	Street code <input style="width: 60px;" type="text"/>						
Contact Telephone Number	(<input style="width: 40px;" type="text"/>) <input style="width: 40px;" type="text"/> - <input style="width: 40px;" type="text"/>							
Cell Number	(<input style="width: 40px;" type="text"/>) <input style="width: 40px;" type="text"/> - <input style="width: 40px;" 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: 50px; height: 20px;" type="checkbox"/>						
b) All pharmacies (IF NOT, refer to (c) below)		<input style="width: 50px; height: 20px;" type="checkbox"/>						
c) Selected pharmacies (provide a list of pharmacies with Y numbers)		<input style="width: 50px; height: 20px;" type="checkbox"/>						
d) Update postal and courier addresses		<input style="width: 50px; height: 20px;" type="checkbox"/>						
e) Employment details – all registered persons		<input style="width: 50px; height: 20px;" type="checkbox"/>						
f) Finance – make payments, download invoices and receipts		<input style="width: 50px; height: 20px;" type="checkbox"/>						
g) Inspections – view inspection information		<input style="width: 50px; height: 20px;" type="checkbox"/>						
h) Responsible pharmacist – view pharmacies' RPs and their contact details		<input style="width: 50px; height: 20px;" type="checkbox"/>						
i) Premises approval – view duration of premises approvals		<input style="width: 50px; height: 20px;" type="checkbox"/>						
j) All role types – View all staff employed per facility		<input style="width: 50px; height: 20px;" type="checkbox"/>						

Applicant's signature _____

Date _____



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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**)

d) Registration fee (**Payable with every delegate registration**): R2, 769.00 (VAT incl.)

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 _____