health
Department:
Health
REPUBLIC OF SOUTH AFRICA

DETAILS UPDATE FORM
AUTHORISED PRESCRIBER

LICENCE NUMBER:	
• Licence being applied for: Licence to Dispense	Licence to Compound & Dispense (Homoeopaths only)

• This application must be submitted at least 90 days before your current licence expires

NB: Fill in the white blocks where details have changed, are incorrect, or have been omitted in the shaded areas

*SECTION A: GENERAL INFORMATION	
1.Title	
2. Surname	
3. Initials	
4. Identity Number	

*SECTION B: BUSINESS ADDRESS	
1. Street Address	
Code	
2. Postal Address	
Code 7620	
Tel. No.: Work	
Tel. No.: Home	
Tel. No.: Cell	
Fax no.: Work	
E-mail address	
Statutory Council Registration Number: Dr	

*SECTION C: STATUTORY DECLARATION BY THE DISPENSING HEALTH PROFESSIONAL

I hereby declare that:

1. The information furnished herewith and all supporting documents are true and accurate. I undertake to inform the Department of Health of any changes pertaining to my licence, including those in Section A & B.
2. I have not contravened or failed to comply with any condition upon which the licence was issued.
3. I have not contravened or failed to comply with any provision of the Medicines Act, Act 101 of 1965.
4. I have not been convicted of an offence which is of such a nature that renders me unsuitable to compound and/or dispense medicines.
5. I will comply with all applicable legislation, regulations and professional obligations, including annual fee payments due to the Department.
6. I hereby give consent for an inspection of the premises in terms of the applicable Legislation.

NAME & SURNAME: _____

SIGNATURE: _____

DATE: _____

Please return to: Licensing Unit,
4th Floor Civitas South, Cnr Andries & Struben Streets, Pretoria, 0001; or
Private Bag X828, Pretoria, 0001 or Fax: 086 621 0829
Email to: dispensepps@health.gov.za
Phone: 012 395 8314 / 8315