



Department of Health  
Private Bag X828  
Pretoria  
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## DEPARTMENT OF HEALTH

### APPLICATION FOR A PERMIT IN TERMS OF SECTION 22A(15) OF THE MEDICINES AND RELATED SUBSTANCES CONTROL ACT, 1965 (ACT 101 OF 1965) AS AMENDED

#### A. GENERAL INFORMATION OF APPLICANT:

1. Last Name:.....First Names: .....  
(As in Identity Document)

2. Qualifications:

a) .....

b) .....

c) .....

d) .....

**A certified copy of qualification and registration for the current year with the relevant  
Statutory Council (Professional Council) must be attached.**

3. Registration Number with the relevant Statutory Council (Professional Council):

.....

4. Short description of type of organisation/ business:

.....

.....

5. Postal Address:

.....

.....

.....Postal Code:.....

6. Physical address of premises:

.....

.....

..... Code: .....

Tel Code:.....Number:.....

Cellular Number: .....

Facsimile Number: .....

E- mail address: .....

**B. CLINIC INFORMATION**

7. Type of service which will be rendered:

Optometry

Occupational Health

Paramedic

Home-based Care

Other: Indicate

8. Explanation of the duties with regard to medicines:.....

.....  
.....

9. Estimated number of employees/patients who will be treated:.....

10. Estimated number of consultations per day:.....

11. Suppliers of Medicine:

Private Sector

Government

Other: Specify

11. Supply geographical boundaries in which services to be rendered are contemplated:

.....  
.....

12. Population of area in which services are envisaged:

.....

**13.. PARTICULARS OF THE PREMISE IN WHICH THE MEDICINES ARE STORED**

1. There is a separate facility for washing hands.	Yes	No
2. The temperature in the dispensary is below 25 <sup>0</sup> C.	Yes	No
3. There is a suitable means of counting tablets and capsules.	Yes	No
4. A suitable and adequate means of waste disposal is available.	Yes	No
5. A fridge for heat sensitive pharmaceuticals and vaccines is available.	Yes	No
6. Security measures are in place to prevent unauthorized entry.	Yes	No
7. All working surfaces are finished with a washable material.	Yes	No
8. There is sufficient and adequate lighting	Yes	No
9. All scheduled medicines are stored in areas inaccessible to the public	Yes	No

16. List of medicines, which has been approved in terms of your qualification and competence.

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17. Signed at .....on this ..... day of .....in the year.....

Signature:.....

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**DECLARATION BY COMMISSIONER OF OATHS**

<p>SIGNED and SWORN at _____</p> <p>on this _____ day of _____</p> <p>in the year _____, the deponent(applicant) having acknowledged that he/she knows and understands the contents of this declaration.</p> <p><b>SIGNATURE OF COMMISSIONER OF OATHS:</b></p> <p>-----</p>	<p style="text-align: center;"><b>STAMP</b></p>
<p><b>DATE:</b> -----</p>	<p><b>Full name, capacity, address and contact details of Commissioner of Oaths</b></p>