

### I. Statutory Declaration

I declare that I am the owner / delegated official of the applicant in respect of this application. I am duly authorised to declare that:

The contents and all the statements therein made are true. All supporting documents are true and accurate.

The owner is eligible to own a pharmacy in terms of the Pharmacy Act, 1974 (Act 53 of 1974).

The owner will ensure to ensure compliance to all applicable legislation, regulations and professional obligations.

Name : Mr. Thembelani Valashya

Position held in company

Owner

Signature :

Date :

25/08/2021

### J. Commissioner of Oaths Declaration

Signed and sworn

at Booysens  
on this 25<sup>th</sup> day of August 2021 in the  
year 2021

contents of this declaration.

Signature

SS MHLANGA  
7162108-9

CST

Date :

25/08/2021

STAMP

SOUTH AFRICA POLICE SERVICE	
CLIENT SERVICE CENTER	
2021-08-25	
BOOYSENS	
SUID-AFRIKAANSE POLISIE DIENS	
Full name, capacity, address and contact details of Commissioner of Oaths	

Please return to: Licensing Unit,  
4th Floor Civitas South, C/o Thabo Sehume & Struben Streets, Pretoria, 0002; or  
Private Bag X828, Pretoria, 0001  
Phone: 012 395 8202 / 8204; Fax: 012 395 8824

**AFFIDAVIT FOR COMMUNITY, PRIVATE INSTITUTIONAL & CONSULTANT PHARMACIES ONLY (1 FORM PER DIRECTOR)**



**DEPARTMENT OF HEALTH**

DIRECTORATE: AFFORDABLE MEDICINES  
 C/o STRUBEN & THABO SEHUME STREETS, PRETORIA, 0002  
 PRIVATE BAG X828, PRETORIA, 0001  
 TEL: (012) 395-8202/8204, FAX: 27 (86) 621-0820  
 EMAIL: [pharmapps@health.gov.za](mailto:pharmapps@health.gov.za)

**AFFIDAVIT BY AN OWNER (SOLE PROPRIETOR/PARTNER) OF A RETAIL (COMMUNITY, INSTITUTIONAL OR CONSULTANT) PHARMACY REGARDING ELIGIBILITY AND COMPLIANCE WITH STANDARDS AS REQUIRED IN TERMS OF REGULATION 7(1) OF PHARMACIES ACT 53 OF 1974**

Note: Proof of authorisation must be provided where authority to sign affidavit is delegated.

I, THEMBELANI VALASHIYA ..... the owner/duly authorised person (provide authorisation)

ID Number: 8605056300088 ..... do hereby make an oath and declare that:

(a) I am the owner of THEMBELANI VP PHARMACY ..... Pharmacy  
 having its address at 116 CREST BRITPIN STREET AND CORNER LEONARD KENILWORTH TURFSPRUIT

- (b) I am not an authorised prescriber.
- (c) I do not have any direct or indirect beneficial interest in or on behalf of a person contemplated in Regulations 4(a) and (b) of the Regulations Relating to the Ownership and Licensing of Pharmacies in terms of the Pharmacy Act 53 of 1974.
- (d) I am not the owner or the holder of any direct or indirect interest in a manufacturing pharmacy.
- (e) I am not prohibited by any legislation from owning a pharmacy or having direct or indirect beneficial interest in the pharmacy.

Signature: Valashiya ..... Date 25 / 08 / 2021

**TO BE COMPLETED BY A COMMISSIONER OF OATHS**

SIGNED AND SWORN TO before me Booysens

On this 25 day of August in the year 2021

The deponent, having acknowledged that he/she knows and understands the contents of this declaration.

SS MHLANGA  
CST

71621382  
**SIGNATURE OF COMMISSIONER OF OATHS**

STAMP	
SOUTH AFRICA POLICE SERVICE	
CLIENT SERVICE CENTER	
2021-08-25	
BOOYSENS	
SUID-AFRIKAANSE POLISIE DIENS	

(Full name, capacity, address and contact details of Commissioner of Oaths)



# Application to licence a pharmacy premises Appointment of a Responsible Pharmacist

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

\*\*This form must be filled in by the Responsible Pharmacist and the owner/delegated official of the pharmacy\*\*

## A. Responsible Pharmacist \*Attach certified copy of valid registration and Identity Document\*

1. Surname	Mkhwanazi
2. First Name(s)	Makhosi Nonduduzo
3. ID Number (attach certified copy)	9310160327080
4. Email Address	makhosimkhwanazi@gmail.com
5. Phone Number	0346216161
6. Cell Number	27781134967
7. SAPC Registration	P42193

## C. Details of Owner

1. Surname	Valashiya
2. First Name(s)	Thembelani
3. Telephone Number	K2020739612
4. Cell Number	0649165579
5. Registration Number (where applicable)	

## D. Declaration

Owner (or duly authorised person):

Thembelani Valashiya, hereby declare that the above-mentioned pharmacist has been offered the position of responsible pharmacist at **THEMBELANI PHARMACY** Pharmacy in terms of the requirements Section 22 of the Pharmacy Act, 1974.

Signature

Date:

25/08/2021

Responsible Pharmacist:

Makhosi Nonduduzo, hereby declare that I have accepted the position of responsible pharmacist of **THEMBELANI PHARMACY** Pharmacy at the above-mentioned premises in terms of the requirements of Section 22 of the Pharmacy Act, 1974.

Signature

Date:

25/08/2021