

PHARMACY REGISTRATION FORM

1. PHARMACY DETAILS

Full Trading Name Of New Pharmacy:	<input type="text"/>		
PCNS (BHF/RAMS) Number:	<input type="text" value="060000"/>	SA Pharmacy Council Registration Number:	<input type="text" value="Y"/>
Department of Health Licence Number:	<input type="text"/>	VAT Registration Number:	<input type="text"/>

*In terms of sections 20(4) & 21(3) of the VAT Act, VAT Vendors are not allowed input tax deductions as from 1 March 2005 unless their VAT registration numbers are reflected on tax invoices of suppliers (e.g. MediKredit).

2. ADDRESS PARTICULARS OF NEW PHARMACY

Postal Address of Pharmacy:

Postal Code:

Physical / Street Address of Pharmacy: (please insert the address of your pharmacy and **NOT** the address of your Head Office)

Building/Complex/Centre Name:
(if applicable)

Floor Number:
(if applicable)

Room/Shop/Suite Number:

Street Number & Name:

(e.g. Street, Avenue, Boulevard, Crescent, Road)

* Pharmacies that are positioned on a street corner must only indicate the name of the street where the entrance of the pharmacy is situated.

Suburb Name:
(if applicable)

Town/City Name:

Province Name:

Postal Code:

*Please note pharmacies that are positioned on a street corner must only indicate the name of the street where the entrance of the pharmacy is situated.

3. CONTACT DETAILS OF NEW PHARMACY AND, IF APPLICABLE, HEAD OFFICE

Pharmacy Telephone Number: Cellular and / or Emergency Number:

Email Address for communication (Circulars):
*(General email address of pharmacy/pharmacy owner or responsible pharmacist – should **NOT** be a reconciliation company).*

Email Address for Statements
(General email address of pharmacy/pharmacy owner or responsible pharmacist and/or Reconciliation Company).

Email 1:

Email 2:

Email Address for VAT Invoices
(General email address of pharmacy/pharmacy owner or responsible pharmacist and/or Reconciliation Company).

Email 1:

Email 2:

Telephone Number of Head Office:

Email Address of Head Office:

Please note: The pharmacy email addresses stipulated above enables you to receive your statements and circulars electronically. NO statements or circulars will be posted. Please list all the email addresses required.

4. RESPONSIBLE PHARMACIST DETAILS

Full Names and Surname:

Identity Number:

SA Pharmacy Council Reg. No.: Cellular No. of Responsible Pharmacist:

5. REGION WHERE PHARMACY IS LOCATED

Select one of the following

Eastern Cape	<input type="checkbox"/>	KwaZulu-Natal	<input type="checkbox"/>	Western Cape	<input type="checkbox"/>	Namibia	<input type="checkbox"/>
Free State	<input type="checkbox"/>	Limpopo	<input type="checkbox"/>	North West	<input type="checkbox"/>	Lesotho	<input type="checkbox"/>
Gauteng	<input type="checkbox"/>	Mpumalanga	<input type="checkbox"/>	Northern Cape	<input type="checkbox"/>		

Other (Please specify)

6. EFFECTIVE DATE OF IMPLEMENTATION WITH MEDIKREDIT

DD/MM/YYYY

7. PHARMACY OWNER'S DETAILS

Type of Ownership			
Sole Owner		S	Please complete 7a below
Company		CO	Please complete 7b + 7c below
Close Corporation		CC	Please complete 7b + 7c below
Partnership		P	Please complete 7d below

7a. Pharmacy Owner's Full Names:

Identity Number:

SA Pharmacy Council Reg. No.:

7b. Name of Company/Close Corporation:

Registration No.:

7c. Details of Shareholders /Directors / Members

SURNAME	INITIALS	ID	OCCUPATION	CONTACT TEL NO.	SAPC REG NO (If Applicable)

7d. Details of Partners

SURNAME	INITIALS	ID	OCCUPATION	CONTACT TEL NO.	SAPC REG NO (If Applicable)

8. PHARMACY BANK PARTICULARS

Name of Bank:	<input type="text"/>
Branch:	<input type="text"/>
Branch Code:	<input type="text"/>
Account Number:	<input type="text"/>

Type of Account: Select one of the following

Current/Cheque Transmission Savings Other

Signature of Account Holder

Date (DD/MM/YYYY)

9. NATURE OF APPLICATION FOR REGISTRATION OF PHARMACY

Select one of the following

Change of Pharmacy Name Only need to complete section 10 and 11.

Change of Ownership & New PCNS need to complete section 10 and 11.

Change of Ownership & Same PCNS number need to complete section 10 and 11.

New Pharmacy need to complete section 11.

10. FULL DETAILS OF PREVIOUS PHARMACY

Full Trading Name of Previous Pharmacy:

PCNS Number:

060000

In the case of change of ownership, please indicate whether you took the pharmacy over **with** or **without** the book debts.

WITH BOOK DEBTS

WITHOUT BOOK DEBTS

Please supply us with Previous Pharmacy Owner's Contact Details.

Name of Previous Owner:

Telephone Number:

Cellular Number:

Email Address:

Last Transaction Date:

(DD/MM/YYYY)

11. PRACTICE MANAGEMENT SOFTWARE VENDOR DETAILS

Name of Vendor Software Application Package

Select one of the following

Vendor	Vendor Id	Select
Propharm	12	
ComputAssist	3	
BCX	5	
Winscripts	41	
Compharm	2	
Computer Caps	4	
Krulck	10	
Pharmasoft	7	
Allegra (Pty)Ltd	6	
TriFour Health	87	
DiverselT	88	

12. PHARMACY NETWORK

Select your pharmacy group(s)

Clicks Pharmacy Group (03; 135; 03)		Life Healthcare Pharmacy Group (07; 391; 07)		Link Pharmacy Group (89; 451; 17)	
Dis-Chem Pharmacy Group (06; 390; 06)		Mediclinic Pharmacy Group (08; 294; 08)		Pharmacy at SPAR Group (88; 17)	
Essential Health Pharmacy Group (22; 17)		Netcare Pharmacy Group (11; 203; 11)		The Local Choice Pharmacy Group (95; 524; 17)	
Medirite Pharmacy Group (10; 334; 10)		Arrie Nel Pharmacy Group (96; 522; 17)		ICPA (Independent Community Pharmacy Association) (27; 439; 17)	
Pick n Pay Pharmacy Group (18; 297; 18)		Alpha Pharm Pharmacy Group (98; 528; 17)		Script Savers Group (30; 172;17)	
Clinix Health Hospital Pharmacy Group (41; 758; 17)		Independent Pharmacy (17; 17)		We Care Group (28; 814; 17)	

13. FACILITY LEVEL

Select one of the following

Dispensing Only	
Basic Services – No Clinic Pharmacist provides Wellness Checks e.g. Glucose, Cholesterol, Blood pressure, BMI	
Clinic with a Nurse	
Clinic without a permanent Nurse	

14. COURIER SERVICES

YES

NO

DISCLAIMER: Please take note that it is your responsibility to inform MediKredit of any changes to your pharmacy details and MediKredit accepts no liability for any failure to do so.