

Credit Application Checklist

For a Doctor

- Copy of I.D.
- Copy of Company/CC/Trust registration document
- Copy of Vat Registration Certificate
- Copy of Dispensing license
- Proof of address
- Copy of HPCSA certificate and card
- Copy of bank confirmation letter (not older than 3 months)

For a Pharmacy

- Copy of I.D. of the Account Holder
- Copy of Company/CC/Trust registration document
- Copy of Vat Registration Certificate
- Copy of bank confirmation letter (not older than 3 months)
- Copy of registered Pharmacy with SAPC (certificate)
- Copy of Department of Health license of the pharmacy
- Copy of certificate of Pharmacy owner
- Copy of certificate of Responsible Pharmacist

All allied healthcare professionals

- Copy of I.D. of the Account Holder
- Copy of Company/CC/Trust registration document
- Copy of Vat Registration Certificate
- Proof of address
- Copy of bank confirmation letter (not older than 3 months)
- Copy of relevant certificates and/or licences of the authorized healthcare professional (if not the Account Holder)
- Signed letter of employment by the authorized healthcare professional (if not the Account Holder)

All pages should be initialled, deed of surety and indemnity must be signed, witnesses to be signed and completed in full.

**Current dated documentation must be supplied.*

Please email Credit Application Form and required documents as per below details:
accounts@pharmed.co.za or fax 031 571 2950