DEC	LARAT	ION F	ORM	FOR S	SEP U	IPDATI	ES									
l		, (fu	ıll nam	ie and s	surnam	ıe) in my	/ сар	acity as	S			(CE	O/G	M/CF	O) a	nd
havinç	g the	author	ity to	sign	and	enter	into	legall	y bir	nding	agı	reeme	ents	on	beh	alf
of						(N	lame	of Appl	licant)	hereb	у се	rtify th	nat:			
1.	I have	read	and ur	nderstoo	d the	"Guideli	ne [Documer	nt for	SEP	Upo	dates"	as	availa	able	on
	https://w	<u>/ww.hea</u>	lth.gov.	.za/nhi-p	<u>ee/</u> in c	onjunctio	n wit	h the rel	evant t	empla	tes a	nd forr	ns.			
2.	I have fo	ollowed	the insti	ructions	contain	ed in the	Guid	leline Do	cumer	nt for S	EP L	Jpdate	s in c	omple	eting t	he
	relevant	templat	es and	forms.												
3.	I confirm	າ that all	MCC/S	SAHPRA	docum	nentation	subn	nitted is t	he late	est and	l mos	st accu	rate.			
4.	I confirm	confirm that in the exceptional case of requiring a Variation Certificate that the Responsible Pharmacist														
	has sub	mitted a	n affida	vit confir	ming th	at the Va	riatio	n Certific	cate su	bmitte	d is tl	he late	st inf	ormati	ion fro	mc
	SAHPR	A on the	date of	f submis	sion ar	nd that the	e vari	ation ha	s not b	een di	sallov	wed by	/ SAH	IPRA.		
5.	I confirm	າ that all	docum	entation	submit	ted are c	ertifie	ed copies	s of the	origin	al.					
6.	The sub			of calcu	ulation	errors, ar	nd I k	nave cor	rected	all un	it pric	cing di	screp	ancie	s in t	he
7.	I have e	nclosed	a signe	ed cover	ing lette	er stating	the p	urpose o	of this	submis	sion.					
8.	The information supplied is true and correct. (NB: please provide proof of authorization to sign on behalf													alf		
	of company)															
							_									
FULL NAME							SIGNATURE (DEPONENT)									
WITN	ESSES	(FULL	NAME:	S AND	SIGNA	TURE R	REQU	JIRED):								
1.						2	2									
(Responsible Pharmacist)						(CEO	/CFO)								
No	te that any	/ senior μ	personne	el acting (on beha	If of the Cl	EO/M	D/CFO m	ay sigr	, provi	ded th	at ther	e is p	roof the	at	
he/	/she has ti	he author	rity to sig	gn on ber	nalf of th	e CEO/MI	D/CF(and suc	h prooi	must a	also b	e subn	nitted.	All co	pies c)f
do	cumentatio	on should	d be cert	tified copi	ies of the	e original.										
The D	eponent	has ack	nowled	ged that	he/she	knows a	and u	ınderstaı	nds the	e conte	ents (of this	decla	aration	ո, whi	ch
was si	gned and	sworn	to befor	re me at	i	0	n this	s the	day d	of			20	and	that t	he
regula	tions con	tained i	n Gove	rnment	Gazette	e Notice	No. F	R 1258 (of 21 J	July 19	972 (as am	ende	d) hav	ve be	en
compli	ed with.															

COMMISSIONER OF OATHS