DECLARATION FORM FOR SEP UPDATES

- 1. I have read and understood the "Guideline Document for SEP Updates" as available on <u>www.mpr.gov.za</u> in conjunction with the relevant templates and form.
- 2. I have followed the instructions contained in the Guideline Document for SEP Updates in completing the relevant template and form.
- 3. I confirm that all MCC documentation submitted is the latest and most accurate.
- 4. I confirm that all documentation submitted are certified copies of the original.
- 5. I have corrected all unit pricing discrepancies in the applicants' portfolio.
- 6. I have enclosed a signed covering letter stating the purpose of this submission.
- 7. The information supplied is true and correct. (NB: please provide proof of authorization to sign on behalf of company)

FULL NAME

SIGNATURE (DEPONENT)

WITNESSES (FULL NAMES AND SIGNATURE REQUIRED):

1.		2.	•••••
	(Responsible Pharmacist)		(CEO/CFO)

Note that any senior personnel acting on behalf of the CEO/MD/CFO may sign provided that there is proof that he/she has the authority to sign on behalf of the CEO/MD/CFO and such proof must be appended on this form. All copies of documentation should be certified copies of the original.

The Deponent has acknowledged that he/she knows and understands the contents of this declaration, which was signed and sworn to before me aton this the......day of...... 20.... and that the regulations contained in Government Gazette Notice No. R 1258 of 21 July 1972 (as amended) have been complied with.

COMMISSIONER OF OATHS