



health

Department: Health  
PROVINCE OF KWAZULU-NATAL

**HAZARDOUS SUBSTANCE ACT, 1973 (ACT 15 OF 1973) – APPLICATION FOR A LICENCE TO CARRY ON BUSINESS AS A SUPPLIER OF GROUP 1 HAZARDOUS SUBSTANCES**

- 1. (a) Full name (person - in block letters) STEPHANIE PALACIO REYES
- (b) Full business address (identifying locality where business will be conducted)  
1 BUCKMAN BOULEVARD,  
HAMMARSDALE
- (c) Name under which business will be conducted BUCKMAN LABORATORIES
- (d) Capacity in which the application is made OFFICE MANAGER

2. What category or items of Group 1 Hazardous Substances do you desire to supply?

A & B CATEGORY

3. Is a separate room, cupboard or enclosure available in which the hazardous substances can be kept under lock and key?

YES

4. Has an application by you for a certificate authorising the sale of poisons under the Medical, Dental and Pharmacy Act, 1928 (Act 13 of 1928), been refused at any time?

NO

If so, furnish reasons \_\_\_\_\_

5. Are you conversant with the provisions of Act 15 of 1973 and the regulations regarding Group 1 Hazardous Substances?

YES

6. Have you previously been granted a licence in terms of Act 15 of 1973? If so, please quote the number and date of issue thereof and your address at the time.

CATEGORY A & B -

On 16/2017

30/9/2019  
Date

[Signature]  
Signature of Applicant

**Revenue Stamp  
to be dated  
and  
Signed before  
Submission  
(R20.00)**

PLEASE INDICATE BY TICKING THE APPROPRIATE BLOCK:

- Manufacturer
- Importer
- Wholesale Distributor
- Pharmacist
- General Dealer/Co-op Retailer