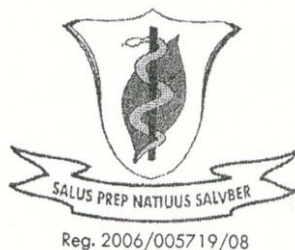


EPASA

ETHNOMEDICINE PRACTITIONERS ASSOCIATION OF SOUTH AFRICA

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ROOIHUISKRAAL
Centurion, Pretoria
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Fax: 086 627 9604

FOR OFFICE USE ONLY

Date received: _____
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Amount Received: _____

APPLICATION FOR REGISTRATION AS AN ETHNO HEALTH PRODUCTS MANUFACTURER, ETHNOPHARM, AFRICAN TRADITIONAL HEALTH SHOP IN TERMS OF EPASA REGULATIONS

Name and Surname:	
I.D. No:	
Network / Company Registration No:	
EP/ TRAD HS/ PHC/ MCO Company No:	Date
Postal Address:	
Postal Code:	
Physical Address:	
Postal Code;	
Telephone: ()	Fax: ()
Cell:	e-mail:
Website:	
Professional Affiliation:	
Type of Business:	
Membership of any other Associations	

REGISTRATION FEES: ETHNOMEDICINE MANUFACTURER:
ETHNOPHARM
AFRICAN TRADITIONAL HEALTH SHOP

R1500.00 & ANNUAL FEE
R2000.00 & ANNUAL FEE
R1500.00 & ANNUAL FEE

Signature of Applicant

Place and Date

BANK DETAILS

Standard Bank: Greenstone Edenvale:
Account: EPPASA:
Account No: 011 054 832
Branch Code: 016-342