Enquiries: RN Admin : 021-015 5511 radionuclides@sahpra.org.za

Complete this form by typing or writing in legible block letters in black ink and email it to radionuclides@sahpra.org.za.

1. SURNAME OF APPLICANT

2. FIRST NAMES

3. IDENTITY NUMBER

4. COMPANY NAME:

4. AUTHORITY NUMBER

5. CONTACT DETAILS

|  |  |
| --- | --- |
| Phone: | Cellphone: |
| Fax no: | Email: |

6. ADDRESS

|  |  |
| --- | --- |
| **Postal address** (to be used for correspondence): | **Premises address** (where radionuclides are to be installed/use/stored): |
|  |  |
|  |  |
|  |  |
|  Postal code: |  |
| Business phone: | Suburb: |
| Fax no: | City: |

7. Details of SOURCE(S) to be released: List each source individually. Add a page if needed.

8. PAYMENT DUE TO NECSA NLM FOR STORAGE/HANDLING FEE

 Amount due:

9. DECLARATION

I declare that the information given above is true and correct.

 SIGNATURE OF APPLICANT DATE

|  |
| --- |
| APPROVAL TO RELEASE EQUIPMENT FROM STORAGE - **FOR OFFICIAL USE ONLY** |
| DATE OF APPROVAL |
| APPROVED BY: SIGNATURE:  NAME:  DESIGNATION:  |
| ARRANGED WITH (Name) at NLM (NECSA) DATE: |
| Proof of payment received confirmed |

Download the current Radionuclides forms from [www.sahpra.org.za](http://www.sahpra.org.za) (Health Products tab).

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