



## SPECIAL POWER OF ATTORNEY

### I, the undersigned

Surname of Learner	
Full name/s of Learner	
TDA number	
ID number of Learner	
Tutor's Name and Surname	
Pharmacy/Institution of employment	

### Nominate, constitute and appoint:

Surname of Agent	
Full name/s of Agent	
ID number of Agent	
Relation to Learner	

To act on my behalf with regards to:

- Requesting Personal Information (PI) of the learner;
- Requesting accounting/statement information of the patient;
- Any further queries/disputes which may arise with regards to the learner's profile or account.

**SIGNED AT** \_\_\_\_\_ **ON THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_ **20** \_\_\_\_\_

**LEARNER:** \_\_\_\_\_

As witnesses:

1. \_\_\_\_\_

2. \_\_\_\_\_

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**DIRECTOR:** Sicily van Rensburg

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