

FORM B

**THE PHARMACY ACT, 1966
(ACT 5 OF 1966)**

APPLICATION FOR REGISTRATION AS A PHARMACIST

To the Pharmacy Council,

**NAME OF APPLICANT.....
(IN BLOCK LETTERS)**

**AGE OF APPLICANT.....
(Photostat of certified copies of Birth Certificate should be attached)**

DATE OF APPLICATION..... TELEPHONE NO.

ADDRESS

EMAIL.....

**QUALIFICATION OF
APPLICANT.....
.....
.....**

(Photostat of certified copies of Qualifications should be attached)

Three testimonials to be attached (Two from registered pharmacists and one other)

Registration fee of \$2500.00

**Two (2) Passport size photographs (certified to be true copies by a Justice of the
Peace)**

.....
Signature of applicant

To be completed by the Registrar

DATE REGISTERED/REFUSED.....

REGISTRATION NO.....

Date and No. of Gazette Notice in which registration published

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REASON FOR REFUSAL, IF

REFUSED.....

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Signature of Registrar