

FORM D

THE PHARMACY ACT, 1966

(ACT, 5 OF 1966)

[Regulation 5 (1)]

APPLICATION OF REGISTRATION OF A SHOP AS A PHARMACY AND FOR THE REGISTRATION OF THE OWNER OF THE BUSINESS

TO THE PHARMACY COUNCIL:

BUSINESS NAME OF SHOP – TYPE OF PHARMACY.....

ADDRESS OF SHOP.....

NAME OF OWNER OF SHOP.....

ADDRESS OF OWNER OF SHOP.....

NAME AND ADDRESS OF REGISTERED PHARMACIST

HAVING CONTROL OF THE SHOP.....

Ihereby apply

(Name of Applicant)

For registration of the above shop as a pharmacy and for registration of myself as the owner of the business in which the pharmacy is carried on and enclose –

- i. A fee of \$.....
- ii. A certified copy of birth certificate.
- iii. Two recent photographs of myself certified by a certified J.P.

Dated this..... day of 20.....

.....

Signature of Applicant

PS. If the business is operated by a **Company** or **Partnership**, please list the **Name** and **Address** of every **Shareholder** or **Officer** of that **Company** or of every **Partner**

NAME(S)

ADDRESS (ES)