



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.....

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(Photostat of certified copies of Qualifications should be attached)

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

Registration fee \$5,000.00

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

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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