

FORM F
THE PHARMACY ACT
[REGULATION 15 (1)]

APPLICATION FOR REGISTRATION AS AN AUTHORISED SELLER OF POISONS

NAME AND ADDRESS OF BUSINESS

NAME AND ADDRESS OF APPLICANT

.....
.....

DATE OF BIRTH OF APPLICANT

I **HEREBY APPLY FOR REGISTRATION AS AN AUTHORISED SELLER OF POISONS PURSUANT TO SECTION 15 OF THE PHARMACY REGULATIONS 1975 AND ENCLOSE:**

- (1) A FEE OF \$1000.00
- (2) A CERTIFIED COPY OF BIRTH CERTIFICATE
- (3) TWO RECENT PHOTOGRAPHS DULY CERTIFIED
- (4) TWO TESTIMONIALS

DATED THISDAY OF20.....

.....
SIGNATURE OF APPLICANT

.....
DATE

P.S. ITEM (1) AND (3) MUST BE SUBMITTED YEARLY