

**APPLICATION FOR A NEW PHARMACY AS A COMPANY**

To Registrar Pharmacy Board

Date: \_\_\_\_, \_\_\_\_, \_\_\_\_\_

The undersigned,

Name of pharmacist: .....

Registration number of pharmacist: .....

intends to operate a Pharmacy as a company.

I am a stockholder in the company .....  
and I own \_\_\_\_ % of the stock capital.

**Pharmacy address:** .....

.....

P.O. Box .....

Tel.: .....

Mobile: .....

Fax: .....

The following documents are appended:

1. Declaration of the Pharmacist, duly certified
2. Certificate of Registration of a Pharmacist
3. Rental Agreement (stamped) or Immovable Property Registration Certificate
4. Architectural Plan (overview) in accordance with the Building Licence
5. Building Licence
6. Memorandum and Articles of Association
7. Certificate of Incorporation
8. Certificate of Stockholders
9. Certificate of Director and Secretary

NB: Documents 6, 7, 8 and 9 must be duly certified by the Registrar of Companies

You are requested to arrange for the inspection of the premises.

.....  
Pharmacist

**DECLARATION OF A PHARMACIST STOCKHOLDER IN A PHARMACY  
COMPANY (Document "C")**

I, the undersigned pharmacist wish to declare, having full understanding of the provisions and consequences of the Law relating to false statements, that:

1. I have good knowledge of the provisions of the legislation (the Pharmacy and Poisons Law-Cap 254 as amended as well as Regulations issued there under) with regard to the establishment and operation of a pharmacy (Sections 15 and 16 of the basic Law)
2. I am a stockholder in the company ..... and own .....% of the stock capital.
3. The stock capital I own is exclusive to me and there is no other co-owner of it, is not under a trust and I have not signed any other binding agreement that directly or indirectly affects or casts doubt on my absolute ownership of the aforementioned pharmacy company.
4. **I undertake the commitment that in case any of the information in this statement changes, I shall notify the Pharmacy Board in writing within one month appending were necessary, the relevant amended certificates duly certified.**

.....  
Name

.....  
Signature

.....  
Registration number

.....  
ID number

.....  
Home address

.....  
Home telephone number

.....  
Pharmacy address

.....  
Pharmacy telephone number

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Certifying Officer

.....  
Name

.....  
Signature/seal

Date: .....