

**APPLICATION FOR A NEW PHARMACY
FROM A PHARMACIST (NATURAL PERSON)**

To: Registrar Pharmacy Board

Date: ----, ----, -----

The undersigned,

Name of pharmacist:

intends to operate a Pharmacy, as a natural person and as the sole owner.

Pharmacy address:

.....

P.O. Box

Tel.:

Mobile:

Fax:

The following documents are appended:

1. Declaration of the Pharmacist and owner, 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

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

.....
Pharmacist

DECLARATION OF A PHARMACIST AND PHARMACY OWNER (Document "P")

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 declare that I intend to operate the pharmacy as a natural person and be the sole owner with no other co-owner and that I have not signed any other binding agreement that indirectly or directly affects or casts doubt on my absolute ownership of the pharmacy.
3. **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.**

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Name

.....
Signature

.....
Registration number

.....
ID number

.....
Home address

.....
Home telephone number

.....
Pharmacy address

.....
Pharmacy telephone number

Certifying Officer

.....
Name

.....
Signature/seal

Date: