



Form I  
(Regulations 2 and 10)

**The Medicines and Allied Substances Act, 2013  
(Act No. 3 of 2013)**

**The Medicines and Allied Substances (Certificate of Registration) Regulations, 2017**

APPLICATION FOR A CERTIFICATE OF REGISTRATION OR RE-REGISTRATION			
<input type="checkbox"/> Registration  <input type="checkbox"/> Re-registration	Shaded fields for official use only	Application No.	
		Date/Time	
<i>Information Required</i>	<i>Information Provided</i>		√
<b>PART I – PARTICULARS OF THE APPLICANT</b>			
	<b>Name of Business</b>		
	(a) PACRA Registration No.		
	(b) TPIN		
	(c) Physical Address:		
	(d) Postal Address:		
	(e) District:		
	(f) Province:		
	(g) Telephone:		
	(h) Fax Number:		
	(i) Mobile:		
	(j) E-mail:		
<b>PART II – PARTICULARS OF PERSONNEL</b>			
(a)	State the name of the responsible person for the control and management/supervision of the pharmacy. Name of Pharmacist: ..... Registration Number: ..... Signature of responsible person: ..... Date: .....		
(b)	Name of hospital pharmacy operator (where applicable): ..... Profession: ..... Professional regulatory body: ..... Registration Number: ..... Signature of responsible person: ..... Date: .....		
<b>PART III – DECLARATION AND SIGNATURE</b>			
I declare that all the information I have stated is correct and truthful to the best of my knowledge and belief.			
<b>Particulars of the Person Signing on Behalf of the Applicant</b>			
	(a) Name: .....		
	(b) Designation: .....		
	(c) Signature: .....	Date: ...../...../.....	(dd/mm/yyyy)

No. 1	Valid practicing certificate for the Pharmacist
No. 2	Valid practicing certificate for the hospital pharmacy operator (as applicable)
No. 3	Letters of agreement or employment contract between the Pharmacist and the company
No. 4	Letters of agreement or employment contract between the hospital pharmacy operator and the company (as applicable)
No. 5	Sketch of the proposed premises
No. 6	Certificate of incorporation or certificate of registration

**FOR OFFICIAL USE ONLY**

Date of Submission: .....

Application No.: .....

Payment Receipt No.: .....

Application Complete (Proceed for inspection): .....

Application Deficient (Refer to applicant for additional information): .....

OFFICIAL STAMP
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