

Form I (Regulation 3 (1)) (To be completed in triplicate)

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

The Medicines and Allied Substances (Health Shops) Regulations, 2016

	FORAHEALTH	SHOTTERMIT	
Please complete in block letters	Shaded fields Application No. for official use only Date and Time	Application No.	
Information Required	Information Pro	vided	
para spira spira	· PART I		
PARTIC	CULARS OF APPI	LICANT	qe saare etter 1
1. (a) Name of business entity			
(b) Registration No.			
2. Type of business entity	4.		
3. Business premises			
(a) Plot No:			
(b) Street:			
(c) Telephone No:			
(d) Fax No:			
(e) Mobile No:			
(f) Email address			
(g) Village	Value		
(h) Chief		The state of the second	
(i) Town			
(j) District			
(k) Province			
PROPOSED I	OCATION OF H	EALTH CHOD	
4. Name of health shop:	CATIONOFI	EALIH SHUF	
5. Physical Address			
6. Postal Address			1 pr - 1 (1 pr - 1 pr -
2 000011001000			
	7 20 (200))))))))))		
PARTICULARS	OF HEALTH SH	OP DISPENSER	
7. Name:			

8.	Registration No:		
9.	Date of Issue:		
10.	Signature:		
	PARTICULARS OF RESPONSIBLE PERSON		
	(a) Name		
	(b) Registration No.		
	(c) Date of ssue:		
PET WANTED COMMANDIQUES CONTYPER	(d) Signature:		8
8.	Attachments		
	(a) Valid Practicing Certificate for the Responsible	Person	
(b) Sketch of the floor plan of the premises		and an of the state of the stat	
bes	DECLARATION AND SIGN. eclare that all the information I have stated in this applicate of my knowledge and belief. I understand that submisseder the application void and that if approval is granted, toked.	cation is correct and truthfesion off alse information s	shall
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