



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

APPLICATION FOR A HEALTH SHOP PERMIT			
Please complete in block letters	Shaded fields for official use only	Application No.	
		Date and Time	
Information Required	Information Provided		✓
PART I PARTICULARS OF APPLICANT			
1. (a) Name of business entity			
(b) Registration No.			
2. Type of business entity			
3. Business premises			
(a) Plot No:			
(b) Street:			
(c) Telephone No:			
(d) Fax No:			
(e) Mobile No:			
(f) Email address			
(g) Village			
(h) Chief			
(i) Town			
(j) District			
(k) Province			
PROPOSED LOCATION OF HEALTH SHOP			
4. Name of health shop:			
5. Physical Address			
6. Postal Address			
PARTICULARS OF HEALTH SHOP DISPENSER			
7. Name:			

8.	Registration No:		
9.	Date of Issue:		
10.	Signature:		
PARTICULARS OF RESPONSIBLE PERSON			
	(a) Name		
	(b) Registration No.		
	(c) Date of issue:		
	(d) Signature:		
8.	Attachments		
	(a) Valid Practicing Certificate for the Responsible Person		
	(b) Sketch of the floor plan of the premises		

DECLARATION AND SIGNATURE

I declare that all the information I have stated in this application is correct and truthful to the best of my knowledge and belief. I understand that submission of false information shall render the application void and that if approval is granted, it shall be revoked and the permit revoked.

Particulars of the Person signing on behalf of the Applicant

<i>Name</i>	<i>Designation</i>
<i>Signature</i>	<i>Date</i>

FOR OFFICIAL USE ONLY

Date of Submission:

Application Number:

Payment Receipt Number:

Application Accepted (Proceed for Inspection):

Application Rejected (Notify Applicant).....

OFFICIAL
STAMP