

MINISTRY OF HEALTH

PHARMACY AND POISONS BOARD

Telegram: "MINHEALTH" Nairobi

Telephone: 020-3562107

Mobile No. 0733 884 411/0720 608 811

Fax: 2713409

PHARMACY AND POISONS BOARD HOUSE LENANA ROAD P.O. BOX 27663 - 00506 NAIROBI

PHARMACEUTICAL TECHNOLOGIST

Personal Detail:

Name:	I/D. No:
PIN No:	Address:
Enrolment No:	E-Mail:
Tel No:	
Premises Detail:	
Name:	
Physical Address: Po	ostal Address:
Employer's Stamp and Sign:	
NB: Incomplete application will not be accepted. Attach a passport size photo and a proof of KPA membership Attach recent Annual Practice Licence copy	

CAP.244

10(2) If the Registrar sends by post to a registered pharmacist a registered letter addressed to him at his address on the register inquiring whether he has ceased to practice as a pharmacist or has changed his address and receives no reply to the letter within six months form the date of posting it, he may delete the name of the person from the register.