

FORM 4

REPUBLIC OF KENYA

**THE PHARMACY AND POISONS ACT
THE PHARMACY AND POISONS RULES**

**APPLICATION FOR REGISTRATION
OF PREMISES**

**THE REGISTRAR, PHARMACY AND POISONS BOARD
MEDICAL HEADQUARTERS, P.O. BOX 30016, NAIROBI**

In accordance with the provisions of section 23 of the Pharmacy and Poisons

Act, I/We

.....
(Name and Postal address of business)

Wishing to carry on the business of a pharmacist, do hereby apply for registration

Of premises situated at *(Plot no and Street)*

In the township of

The business is so far as concerns the sale/supply of drugs will be under the
control of

a pharmacist registered in accordance with Part II of the Act.

Date
Signature of Applicant

NOTE---- Any change of pharmacist under whose control the business is carried on
must be notified to the Registrar, within seven days

GPK-6253-5m-9/90