

THE PHARMACY COUNCIL  
MINISTRY OF HEALTH  
91 DUMBARTON AVENUE, KINGSTON 10

(Regulation 5 (1))

FORM D  
THE PHARMACY ACT

Application for registration of a shop as a pharmacy and for registration of the owner of the business

To the Pharmacy Council:

Type of Pharmacy

Business Name of Shop.....

Address of shop.....

Telephone number of shop.....Fax number of shop.....

Name of owner of shop.....

Address of owner of shop.....

Email address of owner of shop.....

Name of Registered Pharmacist having control of the shop).....

Email address of Registered Pharmacist having control of the shop).....

I.....

(Name of Applicant)

hereby apply for registration of the above shop as a pharmacy and for registration of myself as the owner of the business in which the pharmacy is carried on and enclose-

- (i) a fee of \$.....;
- (ii) a certified copy of birth certificate;
- (iii) two recent photographs of myself;
- (iv) two character references.

Dated this                      day of    20.....

.....  
Signature of Applicant

PS. If the business is operated by a **Company** or **Partnership**, please list the **Name** and **Address** of every **Shareholder** or **Officer** of that **Company** or of every **Partner**

NAME(S)	ADDRESS
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