
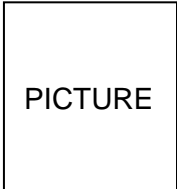
	<b>APPLICATION FOR RETENTION OF NAME ON THE REGISTER (PHARMACIST)</b>	
PBSL-F-75/01		



**THE PHARMACY AND DRUGS ACT 2001**

**SECTION 10 (1)**

I, Pharm. ....  
 .....with Registration No.....  
 requires my name to be retained on the register and hereby applies for a practicing  
 license for the year commencing on 1<sup>st</sup> January 20.....31<sup>st</sup> day of December,  
 20.....I enclose herewith the amount of Le.....  
 I am full time employed by.....  
 Pharmacy of.....  
 I am the superintendent Pharmacist at.....  
 Pharmacy of .....

Home Address: .....

Email Address:.....

.....  
**Signature of Pharmacist-In Charge**

.....  
**Telephone Number**





**APPLICATION FOR RETENTION  
OF NAME ON THE REGISTER  
(PHARMACIST)**

PBSL-F-75/01

