



**FORM TO BE FILLED BY LICENSEE AT TIME OF RENEWAL OF PHARMACY LICENSE FOR YEAR 2025**

**I) Name of Pharmacy:**.....

Address of Pharmacy:.....

Tel No. of Pharmacy: 

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 Fax No.: 

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Email Address of Pharmacy: .....

District Location of Pharmacy Premises.....

**II) Name of Licensee:**.....

Business Detail (Business Registration No.) 

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Address of Licensee:.....

Email Address of Licensee:.....

Tel. No. 

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**III) Name of Pharmacist-in-Charge:**.....

State if Pharmacist is working on (Tick as appropriate): Temporary basis/ locum  Permanent basis

Mobile No. of Pharmacist-in-Charge: 

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Email Address of Pharmacist-in-Charge:.....

**IV) Licence paid by**

Name:.....

ID No. 

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Signature: .....

**V) I certify that the above information are correct.**

Name: ..... Signature: .....

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CHECKLIST OF DOCUMENTS TO BE SUBMITTED**

- Copy of recent Extract of File/ Particulars of Incorporation from Registrar of Companies stating company details, business details, and list of director(s) and shareholder(s)
- Copy of pharmacist's renewal license/ Registration card
- Copy of previous pharmacy license

**FOR OFFICE USE ONLY**

Receipt No: 

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 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_