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| --- | --- | --- |
|  | **Name of Pharmacy** |  |
|  | **Location and postal address of the premises** | Plot and Street Number: ………………..…………………… City / Town: …………………………………………………… District: ……………............................................................. Postal Address: ………………………………………………. Telephone Number……………………………………........... |
|  | **Premise Number** |  |
|  | **The return covers the year ending** | ……/………./………. (Day / Month / Year)*(With the information provided effective as of that date)* |
|  | **Name of Pharmacist supervising the sale of drugs at these premises** | Name: ………………..……………………………………………Registration Number: …………………………………………… Email Address: ……………..................................................... Telephone Number……………………………………............... |
|  | **List of Pharmacy Auxiliary Staff**  |  Name (Last, First) Qualification1. ………………..…………………. ………………..……..
2. ………………..…………………. ………………..……..
3. ………………..…………………. ………………..……..
 |
|  | **Name and principal postal address of the Managing Director** | Name: ………………..……………………………………..Postal Address: ……………………………………………  |
|  | **Name and Email address of the other Directors of the pharmacy** |  Name (Last, First) Qualification1. ………………..………………. ………………..……..
2. ………………..………………. ………………..……..
3. ………………..……………….. ………………..……..
 |
| **I certify that the above information is correct**Signature of the Pharmacist ……………………………… Date: ……/………./……….  (Day / Month / Year) |

***Notes:***

1. *This form shall be accompanied by:*
2. *A certified copy of the pharmacist’s certificate of registration*
3. *A valid PSU annual membership certificate*
4. *Company forms 7 and 20 (where applicable)*
5. *The return shall be submitted to the National Drug Authority before the 31st day of January of each year*
6. *If any alteration occurs in the particulars stated in the last return made, the person carrying on the business shall, within twenty-one days of the alteration, send notice in writing to the Authority.*
7. *This form shall be rejected if it is incomplete or not properly filled.*