



MINISTRY OF HEALTH

THE PHARMACY AND POISONS ACT

(Cap.244)

APPLICATION FOR RENEWAL OF A WHOLESALE DEALERS' LICENCE

The Registrar,
Pharmacy and Poisons Board
P.O. Box 27663 – 00506
Nairobi.

Applicant's Name: Prof/Dr.....Reg. No.....

Email address:..... Cell Phone No.....

ID/Passport/Alien ID No:..... Nationality.....

Premise Name & Address:

.....
.....

Premise Location:

County:..... Town:.....

Road:..... Building:.....

.....
Date

.....
Signature of the Applicant

Note all fields are MANDATORY. Attach a copy of previous wholesaler dealer's license and premise license, a copy of previous annual practice license for the pharmacist plus clearance from PSK. Non-Kenyans to attach current work permit. Incomplete forms will not be processed.
P.T.O

OTHER PROFESSIONALS WORKING IN THIS PREMISE

NO.	NAMES	DESIGNATION	REGISTRATION / ENROLLMENT NO.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

FOR OFFICIAL USE ONLY

Premise:

Complies

Does not comply

Reasons for non compliance

.....

Name:

Signature

1.....

2.....

3.....

Stamp: