

ANNEXE 2

(Confidential questionnaire designated for premises to be run by a pharmaceutical technologist)

APPLICATION FOR LICENCE, OR FOR VARIATION OF LICENCE,

TO CARRY ON BUSINESS OF A PHARMACEUTICAL TECHNOLOGIST

Note: If any of the details contained in this Application Form should change after this document has been signed, the applicant will be obliged to submit an updated application form within 30 days, otherwise the Licence will automatically become null and void.

TO: THE LICENSING OFFICER

1.1 Name of Proposed License Holder (if a limited company please state country and year of registration)

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1.2 Licence Number (if known)

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2.1 Business Details

Name of superintendent

Business name

Business Registration number.....

Date of original registration of business..... ' C

(Attach photocopy of the registration certificate)

2.2 Address of principal premises.

Postal Address.....
(including postal code)

Telephone number/s.....

Address (Geographical/Physical).

Town..... Suburb.....

Street/road..... Plot No.....

Building..... Floor No.....

Shop No.....

2.3 Exact location of premises to which this application relates.

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3. (a) The name of Superintendent Pharmaceutical technologist.

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(b) Enrolment No. of superintendent Pharmaceutical technologist

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4. Age, and nationality of person named at 3 (b) above

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5. Structure and Capital formation

For a partnership

- a) Total Capital.....
- b) Percentage of Capital held by pharmaceutical technologists.....

The particulars of owners.

| NAME | NATIONALITY | QUALIFICATION/ PROFESSION | % CAPITAL OWNED |
|-------------|--------------------|--------------------------------------|------------------------|
| | | | |
| | | | |
| | | | |

For Sole Proprietorship

Total Capital.....

Personnel

- (a) Total Number of persons employed or to be employed.....
- (b) Number of citizens employed or to be employed
- (c) Permanently employed Pharmaceutical technologists (Diploma Holders)

NAME ENROLMENT NO.

(i).....

- (ii).....
- (iii)
- (iv)

(d) Number of pharmaceutical technologists currently on attachment
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6 Name (s) and address (es) of all banks with which the enterprise transacts
business

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8. If this application is for the variation of an existing license, the details of
variation are required and the reasons

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9. If a license has been held previously, the reasons for any material
difference between the particulars given in the two applications.

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DECLARATION

Applicants should note that it is an offence to make false and misleading statements in connection with an application for a licence.

I declare that to the best of my knowledge and belief the particulars I/we have given in this form are correct and complete

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.....

Date

signature of person named at 4(a)

Name

Designation.....

Note: This is a legal document. Any changes to the application once submitted must be made in writing detailing the requested variation and be signed by the authorized person above.