

**ANNEX 1**

*(Confidential questionnaire designated for premises to be run by pharmacist)*

**APPLICATION FOR LICENCE, OR FOR VARIATION OF LICENCE,  
TO CARRY ON BUSINESS OF A PHARMACIST (RETAIL/WHOLESALE)**

**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 Licence Holder (if a limited company please State country and year of registration)

.....

1.2 Licence Number (if known)

.....

2.1 Business Details

.....

Name of superintendent .....

Registered Company Name if Corporation .....

Name if trading under other business name .....

Company or Corporation Registration number.....

Date of original registration of business.....

(Attach photocopy of the registration certificate)

Type of firm (subsidiary of overseas firm/ private company/

Delete which ever is inappropriate)

Branch offices.....

2.2 Address of principal premises.

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

Telephone number/s.....

Geographical/Physical Address.

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

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

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

Shop No.....

2.3 Exact location of premises to which this application relates.

.....  
.....

3 Specific Activities in respect of which this application is made.

Medicines are imported from this site

Imported medicines are handled at this site

Medicines are exported from this site

*(For wholesale business only)*

4. (a) Full names of Managing Director if a limited company.

.....  
.....

(b) The name of Superintendent Pharmacist.

.....  
(c) Registration No. of superintendent pharmacist.....

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

.....

**6. Structure and Capital formation**

**NOTE:**

- The superintendent pharmacist must be the majority shareholder in a limited company or Major partner (own at least 51% capital) in a partnership.
- Sole proprietorship can only be owned by a pharmacist

*For a limited company*

(a) Authorized share capital  
Ksh.....

(b) Issue share capital of firm  
Ksh.....

(c) Total paid up share capital of firm  
Ksh.....

**Particulars of directors.**

<b>NAME</b>	<b>NATIONALITY</b>	<b>QUALIFICATION/ PROFESSION</b>	<b>% SHAREHOLDING</b>


**Shareholders**

- a. Total number of shareholders.....
- b. Total number of shares.....
- c. Number of shares held by pharmacists.....
- d. Number of shares held by Kenyan citizens.....

***For a partnership***

- a) Total Capital.....
- b) Percentage of Capital held by pharmacists.....

**The Particulars of owners.**

<b>NAME</b>	<b>NATIONALITY</b>	<b>QUALIFICATION/ PROFESSION</b>	<b>% CAPITAL OWNED</b>

**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 pharmacists (Degree Holders)

<u>NAME</u>	<u>REGISTRATION NO.</u>
(i) .....	.....
(ii) .....	.....
(iii) .....	.....
(iv) .....	.....

- (d) Number of pharmacists currently undergoing internship.....
- (e) Permanently employed Pharmaceutical technologists (Diploma Holders)

<u>NAME</u>	<u>ENROLMENT NO.</u>
(i).....	.....
(ii).....	.....
(iii) .....	.....
(iv) .....	.....

7 Name (s) and address (es) of all banks with which the enterprise transacts business

.....

.....

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

.....  
.....  
.....  
.....

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

.....  
.....

**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

.....

**Date** **signature of person named at 4(b)**

**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.**