



MINISTRY OF HEALTH

THE PHARMACY AND POISONS ACT

(Cap.244)

APPLICATION FOR RENEWAL OF A LICENSE FOR MANUFACTURE OF DRUGS FOR SALE

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 License to manufacture drugs for sale, Wholesaler Dealers' License and Premise License, a copy of previous annual practice license for the pharmacist plus clearance from PSK. Attach a list of drugs to be manufactured for year the license applies. 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. | | | |
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| 9. | | | |
| 10. | | | |

FOR OFFICIAL USE ONLY

Premise:

Complies

Does not comply

Reasons for non compliance

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Name:

Signature

1.....

2.....

3.....

Stamp: