



MINISTRY OF HEALTH

THE PHARMACY AND POISONS ACT

(Cap.244)

APPLICATION FOR RENEWAL OF A PREMISE LICENCE FOR A PHARMACEUTICAL TECHNOLOGIST

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

Applicant's Name: .....Enrollment. 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 premise license, a copy of previous annual practice license for the pharmaceutical technologist plus clearance from KPA. 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: