

PHARMACY REGISTRATION FORM

Form 1 (a)
Regulation 8&9



To be Completed by Applicant

Business Name			
Postal Address			
Telephone Number			
Fax Number			
Email Address			
Office Location			
IPA Number (attach certificate copy)			
Pharmacist In Charge			
Fee Amount		Receipt Number	

I/We _____ hereby apply for Pharmacy Registration and agree to comply with all conditions in accordance with the Medicines and Cosmetics Act 1999 and its Regulations.

Signature: _____ Date: _____

Witnessed by: _____
Commissioner for Oaths (Print Name)

Date Received:	
Application Number:	

Pharmacy Board Use Only

Licence Number:	
Date Issued:	
Date Renewed:	
Date of Inspection:	

Send to: Pharmacy Board of Papua New Guinea
P.O.Box 807, Waigani, NCD
Papua New Guinea
Phone: (675) 3013886
Fax: (675) 3231631

All fees must be made payable to the Pharmacy Board of PNG in cash/bank cheque under vote 140/08 at Finance & Treasury cash office