Pharmacy Council

APPLICATION FORM FOR VARYING OTCMS LICENCE

Passport sized photograph to be endorsed by referee

I,...wish to apply to
(Full Name of Applicant)

relocate my OTCMS business to

H/No..Street.......................................Suburb.....................................
(Location address of proposed premises i.e. H/No., Street, Suburb etc.)

Town:........................ ***GPS Code:***............................ ***District:***................. ***Region:***.................

CURRENT LOCATION

H/No..Street.......................................Suburb.....................................
(Location address of current licensed premises i.e. H/No., Street, Suburb etc.)

Town:........................ ***GPS Code:***............................ ***District:***................. ***Region:***.................

LICENCE NUMBER ....

REASON(S) FOR RELOCATION
....

....
.
....

NOT FOR SALE

PERSONAL DATA ON APPLICANT

NATIONALITY

DATE OF BIRTH | **SEX**

DAY	MONTH	YEAR	AGE	MALE	FEMALE

RESIDENTIAL ADDRESS: *(H/No., Street, Suburb etc.)*	POSTAL ADDRESS	TELEPHONE: FAX: E-MAIL:

LOCATION CLEARANCE FORM

NAME OF APPLICANT:……………………………………………………………………………………………………

POSTAL ADDRESS:	TELEPHONE: FAX: E-MAIL:

LOCATION:……..

(H/No., Street, Suburb, etc.)

TOWN:……………………………… ***DISTRICT:***…………………………………….. ***REGION:***………………………………….

NAME OF NEAREST PHARMACIES OR LICENSED CHEMICAL SELLERS	RELATIVE DISTANCE FROM PROPOSED LOCATION
1.	
2.	
3.	

NOT FOR SALE

SKETCH OF LOCATION

NB: THE PROPOSED SITE SHOULD BE A MINIMUM OF 1 KM (BY RADIUS) FROM THE NEAREST PHARMACY OR OTCMS SHOP

I certify that all the information I have provided above is correct.

…………………………………………… **………………………..**

SIGNATURE **DATE**

To be completed by Applicant

FOR OFFICIAL USE ONLY (to be completed at point of submission)

NAME OF INSPECTOR OR AUTHORIZED OFFICER	

DATE OF RECEIPT	

CODE NUMBER	

NOT FOR SALE

ACKNOWLEDGEMENT SLIP ***(TO BE DETACHED AND GIVEN TO APPLICANT)***

DATE OF RECEIPT NAME OF INSPECTOR/AUTHORISED OFFICER

……………………………………………….. ………………………………………………………………….

CODE NUMBER	

TIME	

SIGNATURE:

OFFICIAL STAMP