



## **DOCUMENT CHECKLIST FOR REGISTRATION AS A PHARMACY**

The checklist is one of the documents you will need to submit with your application.

Make sure that you print this document and attach it when completed to your application as **the cover page**.

Gather documents as listed. Check each  item on the checklist and attach the checklist to your documents (a paper clip will do).

Place all documents in a sealed envelope. Do not send originals unless otherwise stated.

### **FORMS (TO BE COMPLETED AND SUBMITTED BY ALL APPLICANTS).**

	<b>APPLICATION FOR REGISTRATION AS A PHARMACY</b>	<b>FORMAT</b>	
1	Application form	<b>Original</b>	<input type="checkbox"/>
2	Information for pharmacist in charge included	<b>NA</b>	<input type="checkbox"/>
3	Certificate of Registration from the Registry of Companies	<b>Copy</b>	<input type="checkbox"/>
4	List of directors	<b>Original</b>	<input type="checkbox"/>
5	Pharmacy layout	<b>Original</b>	<input type="checkbox"/>
6	Fees ( <b>See guidelines for registration as a pharmacy</b> ).	<b>Original</b>	<input type="checkbox"/>