



DOCUMENT CHECKLIST FOR Re - 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).

	APPLICATION FOR Re - REGISTRATION AS A PHARMACY	FORMAT	
1	Application form	Original	<input type="checkbox"/>
2	Information for pharmacist in charge included	NA	<input type="checkbox"/>
3	List of directors	Original	<input type="checkbox"/>
4	Fees (See guidelines for registration as a pharmacy).	Original	<input type="checkbox"/>