

MINISTRY OF HEALTH AND WELLNESS – BARBADOS
Pharmacy Act. Cap. 372D
APPLICATION FOR CERTIFICATION OF PREMISES

To: **THE SECRETARY,**
Pharmacy Council

I the undersigned
(Name of Applicant)

of.....
(Address of Applicant)

hereby make application for a Certificate to operate a Pharmaceutical Warehouse of which the particulars are as follows:

Name of Pharmaceutical Warehouse

Address of Warehouse

Name of Owner

Address of Owner

Name and Qualifications of Pharmacist in charge

No. of Pharmacists employed

Name(s) of Pharmacist employed

Is Dispensing Section of the Pharmaceutical Warehouse separated from Public Access Yes No

.....
Date Signature of Applicant

We hereby certify that the Council has examined the application of

.....
(Name of Owner)

for a certificate of approval of premises to operate a Pharmaceutical Warehouse and is satisfied that the above premises are suitable to be certified for the operation of a Pharmaceutical Warehouse.

Dated this day of 20

.....
Chairman

.....
Member of Council

Approved by the Minister this day of 20

To be completed in duplicate

.....
Minister of Health and Wellness