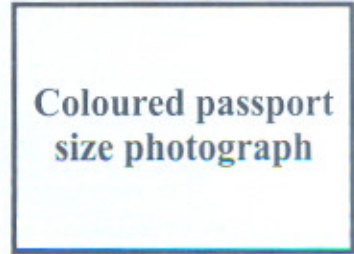


# PHARMACISTS COUNCIL OF NIGERIA

APPLICATION FOR REGISTRATION OF PREMISES



Name and Address of Premises

.....  
.....  
.....

Telephone:.....

E-mail:.....

Name of registered Pharmacist

having control of the Business

.....  
(Surname)                      ( Other names in full)

I apply for registration and enclose :.....  
(State all documents enclosed)

Signature:.....

Date:.....

Please complete the form appropriately

# PHARMACISTS COUNCIL OF NIGERIA

## APPLICATION FOR REGISTRATION OF NEW PREMISES AND RETENTION OF OLD PREMISES

### FORM B

(Under the Pharmacists Council of Nigeria Act 91 of 1992)

This application should be completed in duplicate and sent through the designated official in the state who will keep the duplicate and after necessary endorsement, forward the original together with the applicant's passport photograph to:

The Registrar,  
Pharmacists Council of Nigeria,  
Plot 7/9, Idu Industrial Layout, Idu  
P.M.B. 415, Garki Abuja.  
E-mail: pcnig@yahoo.ca

1. I enclose here with bank draft number

.....  
for the sum of .....  
(Amount in words)

Processing fee (Non refundable)

CLASS	NEW	RENEWAL	INSPECTION FEES
<b><u>MANUFACTURERS</u></b>			
Category A (2 Product line and above)	N200,000:00	N100,000:00	N100,000:00
Category B (One Product line)	N100,000:00	N50,000:00	
Category C (One Product)	N40,000:00	N20,000:00	
<b><u>DISTRIBUTORS</u></b>			
Category A (Importers)	N100,000:00	N50,000:00	N50,000:00
Category B Distributors	N80,000:00	N40,000:00	N30,000:00
Category C (Wholesaler)	N50,000:00	N25,000:00	N20,000:00
<b><u>RETAILERS</u></b>	N5,000:00	N3,000:00	N3,000:00

Every retention fee must be paid before 31st of January each year.

2. (a) Name and address of Pharmaceutical premises

.....  
.....  
.....

(b) State the category of practice

(i) Manufacturing.....  
(Mark yes or no)

(ii) Importation:.....

(iii) Distribution:.....

(iv) Wholesaling:.....

(v) Retail and Dispensing:.....



**FOR OFFICIAL USE ONLY**

**A. FOR THE DESIGNATED OFFICIAL IN THE STATE**

- (i) Has the premises been duly inspected?.....
- (ii) Send report of inspection.....
- (iii) Is the premises recommended? Yes or No.....

Name of designated official in the state:.....

Signature.....

Stamp of office.....

Date:.....

**B. FOR THE COUNCIL SECRETARIAT**

- (i) Is the application recommended or rejected?.....
- (ii) If rejected, state the reason(s).....

(iii) Name:.....

(iv) Sign:.....

(v) Date:.....

**C. FOR THE REGISTRAR**

Is the application approved?.....

Signature.....

Stamp of office.....

Date:.....