

**FORM I**

*(Pharmacy Board Act, Ch. 29:52)*

**APPLICATION FOR PHARMACY LICENCE**

To the Council of the Pharmacy Board of Trinidad and Tobago

I ....., **HEREBY APPLY FOR**  
*(Name of Applicant)*

a licence for the use of premises located at .....

.....  
.....

as a pharmacy and, for that purpose, I submit the following information:

Name under which Pharmacy is to be operated .....

.....

Address of Pharmacy .....

.....

The owner of the Pharmacy Business is-

A—a sole proprietorship [ ]

B—a partnership [ ]

C—a body corporate [ ]

(Indicate ONE of the above and complete corresponding section, A, B, or C, below).

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SECTION A. If pharmacy business is to be operated by sole proprietor, state—

Name of owner ..... Date of birth .....

Address of owner .....

Nationality of owner .....

Name and address of the Registered Pharmacist who will have control of the Pharmacy

.....

.....

SECTION B. If Pharmacy business is to be operated by a partnership, complete the following:

1. The number of Partners in the partnership is .....
2. The name, address and the nationality and date of birth of each of the partners is as follows:

Name.....

Address.....

Nationality..... Date of birth.....

Name.....

Address.....

Nationality..... Date of birth.....

Name.....

Address.....

Nationality..... Date of birth.....

Name.....

Address.....

Nationality..... Date of birth.....

*(Use a separate sheet of paper for additional names if required)*

1. Name and address of the Registered Pharmacist who will have control of the

Pharmacy.....

.....

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**FORM I—Continued**

SECTION C. If Pharmacy business is to be operated by a body corporate, complete the following:

1. Name of Company .....

.....

Date of incorporation .....

Place of incorporation .....

2. Particulars of each member of the Board of Directors are as follows:

<i>Name</i>	<i>Address</i>	<i>Date of Birth</i>	<i>Nationality</i>
(1) .....	.....	.....	.....
(1) .....	.....	.....	.....
(1) .....	.....	.....	.....
(1) .....	.....	.....	.....
(1) .....	.....	.....	.....
(1) .....	.....	.....	.....

*(Use a separate sheet of paper for additional names if required)*

1. If the intended operator of the pharmacy business is a private company, give particulars of every person holding or controlling (whether directly or indirectly) not less than 10% of any class of the issued shares of the company

3.

<i>Name of Shareholder</i>	<i>Address</i>	<i>Date of Birth</i>	<i>Nationality</i>
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- (1) .....
- (2) .....
- (3) .....
- (4) .....
- (5) .....
- (6) .....
- (7) .....
- (8) .....
- (9) .....
- (10) .....

Name and address of the registered Pharmacist who will have control of the pharmacy  
business .....

.....

.....

.....

Dated this ..... day of ....., 20.....

Signed by/or on behalf of the Applicant by .....

Signed by designated registered pharmacist .....

