



**FORM B**  
**THE PHARMACY ACT, 1966**  
**(ACT 5 OF 1966)**  
**APPLICATION FOR REGISTRATION AS A PHARMACIST**

To The Pharmacy Council  
91 Dumbarton Ave  
Kingston 10

Name of Applicant.....

(In Block Letters)

Age of applicant.....

(Photostat of certified copies of Birth Certificate should be attached)

Date of Application..... Telephone No.. ..

Address.....

Email.....

Qualification of applicant.....

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(Photostat of certified copies of Qualifications should be attached)

Three testimonials to be attached (Two from registered pharmacists and one other)

Registration fee of \$ 50.00 (USD) or its Jamaican equivalent

Two (2) Passport size photographs (certified to be true copies by a Justice of the Peace)

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Signature of applicant

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**To be completed by the Registrar**

Date registered/refused.....

Registration no.....

Date and No. of Gazette Notice in which registration published.....

Reason for refusal, if refused.....

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Signature of Registrar