



**MINISTRY OF HEALTH
KINGDOM OF ESWATINI
P.O. Box 5
MBABANE**

APPLICATION FOR REGISTRATION OF PHARMACEUTICAL WHOLESALE

APPLICATION FOR REGISTRATION OF MEDICINE(S) WHOLESALE

SECTION A: APPLICANT INFORMATION

Name of Business:

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Name(s) of Directors:

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Physical and Postal Address of Company Offices:

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Email:

.....

Telephone number:

Fax Number:

.....

Carrying on business as:

.....

Is hereby applying to conduct the business of pharmaceutical wholesale in Swaziland

Name of Responsible Pharmacist:

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Registration Certificate No. of Responsible Pharmacist:

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Practice No. of Responsible Pharmacist:

.....

Physical Address of Proposed Pharmaceutical Wholesale:

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If my/our premises are approved by the Ministry of Health, I/we shall keep them in a hygienic condition and state of good repair.

I also declare that neither I/we nor my/our responsible pharmacist have been convicted of any offence relating to any provisions of the Opium and Habit-Forming Drug Act of 1922 or Medicines and Related Substances Control Act of 2016 and regulations made there under or any other written law related to the business being applied for preceding this application and have not been disqualified from holding a licence and my licence is not suspended.

NOTE: False declaration constitutes an offence

Date.....

Name of Applicant.....

Signature of Applicant.....

SECTION B: OFFICIAL USE ONLY:

Name(s) of Inspector(s)

Signature(s) of Inspector(s)

Date and Official Stamp

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Fees Paid:

Receipt Number.....

Date of Inspection.....

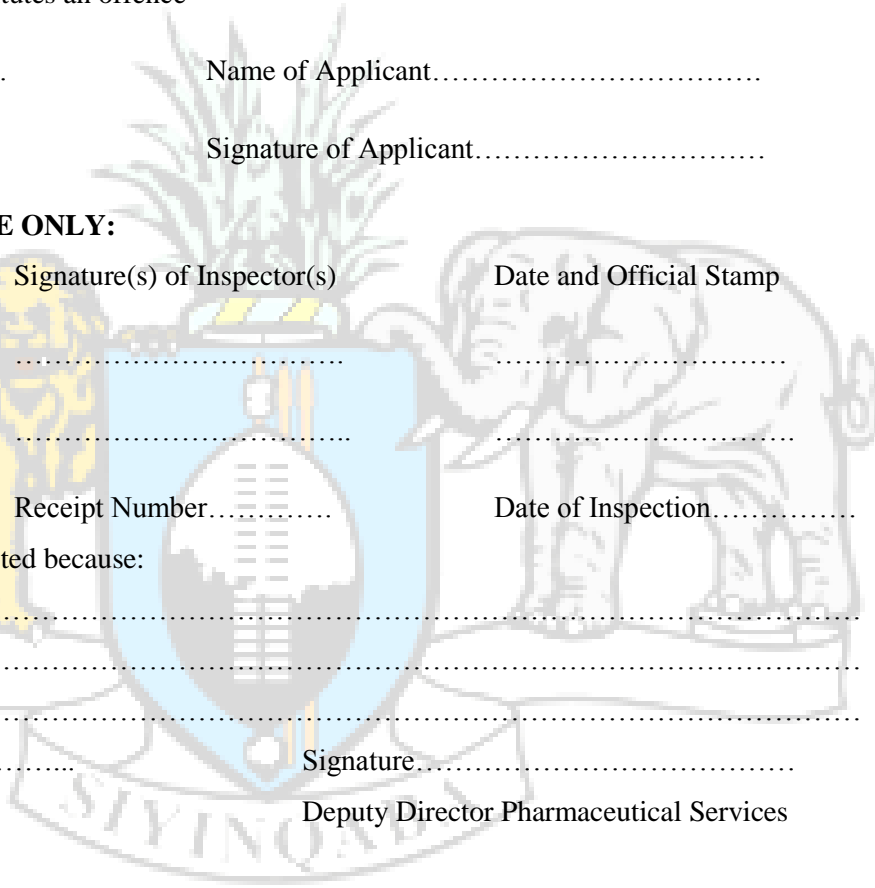
Registration Granted/ Not Granted because:

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.....
.....

Registration Number.....

Signature.....

Deputy Director Pharmaceutical Services



Kindly note the applicant must fulfill the following requirements with this application:

1. A full time responsible pharmacist with no less than 5 years practice experience must be engaged to supervise the pharmaceutical wholesale.
2. The following documents must be submitted to the Ministry of Health as part of the application:
 - a) Certified copies of the responsible pharmacist's academic qualifications
 - b) Certified copy of the responsible pharmacist's registration certificate with the Swaziland Medical and Dental Council (SMDC)
 - c) Certified copy of responsible pharmacist's practicing licence from the SMDC indicating the eligibility of the responsible pharmacist to practice in Swaziland
 - d) Letter of good standing of the responsible pharmacist from the Pharmacy Council of the country of origin or the country where the pharmacist has practiced in the last 10 years
 - e) A brief curriculum vitae and declaration letter for personal supervision of the pharmaceutical establishment by the responsible pharmacist
 - f) The company's Memorandum and Article of Association including the objects of the company including details on the directorship (Form J and Form C)
 - h) A copy of the Company's VAT certificate
3. The proposed premises for the pharmaceutical establishment must be inspected and approved by the Ministry
4. The pharmaceutical establishment is expected to register with the Ministry as an importer of Medicines using the relevant documents
5. The company must familiarize itself with the Medicines and Related Substances Control Act of 2016, and relevant regulations and any other legislation, regulations and guidelines that relate to relate to the business of pharmaceutical establishments in the country.

