

MINISTRY OF HEALTH & QUALITY OF LIFE

Information to Be Submitted Alongside an Application to Open a Wholesale/Retail Pharmacy

1. Name of Applicant
2. Address: Residential
: Business
3. Tel Numbers: Residence:
:Business:
4. Fax and Email (if any)
5. Area of pharmacy
6. Site Plan of Pharmacy and lay-out plan of pharmacy
7. Proposed name of pharmacy (to be approved by the Board).
8. Indication of the number, names and location of nearby pharmacies.
9. Population of the area.
10. Number and names of prescribers in the area.
11. Proof of ownership of premises, whether self-owned or rented. (If rented, letter from landlord).
12. Evidence of application for a development permit and trade licence to the local government authority.
13. Details of ownership (if the pharmacy is to be operated by a Company, a Societe or ans Association, please annex list of shareholders certified by the Registrar of Companies.

NOTE:

Following the eventual approval of an application by the Board, a licence to operate a pharmacy will be drawn on the Applicant's name. No change will be allowed. Applications containing incorrect or false information will not be considered.

14. Where relevant details of ownership of other pharmacies and private health institutions (pathology laboratories, clinics...).
15. Terms of employment of Pharmacist (duration of contract, working hours...), excluding salary.
16. Brief of financing (loans, personal investment...).
17. Qualifications of Dispensing Staff (minimum S.C. with Credit in Mathematics and English).
18. Letter from Pharmacist to be in charge of Pharmacy.
19. Morality Certificate of Applicant*, Licensee, Pharmacist, Managing Director, and Shareholders, wherever applicable.

*Please apply to the Director, Public Prosecutions (DPP), 2nd Floor, NPF Building, Port-Louis.