



**Pharmaceutical  
Society  
Of  
Northern Ireland**

Registration Section  
73 University Street  
BELFAST  
BT7 1HL  
Tel: 028 90326927

## APPLICATION FOR REGISTRATION OF TEMPORARY PHARMACY PREMISES

<b>1a. NAME OF BODY CORPORATE</b> (If sole owner or partnership, go to 2) ..... .....	<b>1b. CERTIFICATE OF INCORPORATION NO.</b> ..... .....									
<b>2. PRINT FULL NAME AND REGISTRATION NUMBER OF OWNER(S) – SOLE OWNER OR PARTNERSHIP ONLY</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; padding: 5px;">Surname</td> <td style="width: 33%; padding: 5px;">Forename(s)</td> <td style="width: 33%; padding: 5px;">Registration Number</td> </tr> <tr> <td style="padding: 5px;">.....</td> <td style="padding: 5px;">.....</td> <td style="padding: 5px;">.....</td> </tr> <tr> <td style="padding: 5px;">.....</td> <td style="padding: 5px;">.....</td> <td style="padding: 5px;">.....</td> </tr> </table>		Surname	Forename(s)	Registration Number	.....	.....	.....	.....	.....	.....
Surname	Forename(s)	Registration Number								
.....	.....	.....								
.....	.....	.....								
<b>3. FULL POSTAL ADDRESS OF PREMISES TO BE REGISTERED</b> (Temporary premises)  Trading name ..... Number ..... Street ..... Town ..... County ..... Postcode .....										
<b>4. TRADING NAME AND ADDRESS OF ORIGINAL PREMISES</b>  Trading name ..... Number ..... Street ..... Town ..... County ..... Postcode .....										
<b>5. DATE FROM WHICH <u>TEMPORARY</u> PREMISES WILL BE READY FOR INSPECTION</b>  .....	<b>6. PROPOSED DATE OF OPENING <u>TEMPORARY</u> PREMISES</b>  .....	<b>7. HEALTH BOARD</b>  ( W / S / E / N (Please delete)  <b>HS CONTRACT</b> YES/NO								
<b>8. PLEASE ENCLOSE* 2 COPIES OF PLANS, DRAWN TO SCALE, OF <u>TEMPORARY</u> PREMISES TO BE REGISTERED. (OUTLINE THE REGISTERED AREA IN RED).</b>										

9. WRITE A BRIEF DESCRIPTION OF INTERNAL LAYOUT SHOWING WHERE MEDICINES ARE TO BE SOLD, SUPPLIED, PREPARED, DISPENSED OR STORED TO SUPPLEMENT THE ATTACHED PLANS IF APPROPRIATE

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.....

10. DATE FROM WHICH ORIGINAL PREMISES WILL BE READY FOR INSPECTION

.....

11. PROPOSED DATE OF OPENING ORIGINAL PREMISES

.....

12. HEALTH BOARD

( W / S / E / N (Please delete)

HS CONTRACT YES/NO

13. PLEASE ENCLOSE\* 2 COPIES OF PLANS, DRAWN TO SCALE, OF ORIGINAL PREMISES TO BE REGISTERED. (OUTLINE THE REGISTERED AREA IN RED).

14. PHARMACIST TO CONTACT CONCERNING THIS APPLICATION

Name ..... Daytime Tel.No. .... Status .....

Address .....

**STATUTORY DECLARATION**

I declare the premises are arranged to enable the pharmacist to exercise supervision over dispensing and sale of medicines at one and the same time. I understand and acknowledge the duty of any person running a retail pharmacy business to secure compliance with professional obligations.

Signature ..... Date .....

\* PLEASE ENSURE YOU HAVE ENCLOSED 2 COPIES OF PLANS DRAWN TO SCALE AS PER POINTS 8&13

**OFFICE USE ONLY**

Date completed form received: .....

Acknowledgement letter sent: .....

Details forwarded to Medicines Inspector on: .....

Details forwarded to CSA: .....

Details forwarded to Board: .....

Signed: .....