

FORM No. 18

PHARMACY, MEDICINES AND POISONS ACT

G.N. 87/1998 (CAP. 35:01)

PHARMACY, MEDICINES AND POISONS (FEES AND FORMS)

REGULATIONS MEDICINES INSPECTORATE

Wholesale inspection Report (section 60)

WHOLESALE 1. Name of

Wholesale:..... Date:.....

Owner:

Individual/Partnership/Company Address:
.....

Tel. No Fax No
.....

Name of Pharmacist/Manager:

Registration Number: