

FORM NO. 17

PHARMACY, MEDICINES AND POISONS ACT G.N. 87/1998 (CAP. 35:01)

PHARMACY, MEDICINES AND POISONS (FEES AND FORMS)  
REGULATIONS

MEDICINES INSPECTORATE C.G.M.P. Inspection Report (section 60)

MANUFACTURING 1.

Name of Manufacturer: .....

Date: ..... Owner: .....

Individual/Partnership/Company Address:

.....

Tel. No. ....

Fax No. .... Name of Production

Pharmacist/Manager.....

Registration

Number.....

SAMPLE