

PHARMACY AND POISONS (FORMS AND FEES) ORDER – SECTION 13*(Legal Notice 2 of 1937 and Ord. 2 of 1967)***Short title**

1. This Order may be cited as the Pharmacy and Poisons (Forms and Fees) Order in Council.

Forms and fees

2. The forms for the purposes of the Pharmacy and Poisons Ordinance, and the fees payable, shall be as follows—

FORM 1*(Section 5(1))***FORM OF APPLICATION FOR A LICENCE TO
CARRY ON THE BUSINESS OF A PHARMACIST**

I, A.B., of, hereby apply in accordance with the provisions of Section 3(1)(b) of the Pharmacy and Poisons Ordinance for a licence to carry on the business of a Pharmacist at in St. Helena.

Date

Signed**FORM 2***(Section 3(2))***FORM OF LICENCE TO CARRY ON THE BUSINESS OF A PHARMACIST**

A.B., of, is hereby authorised in accordance with the provisions of the Pharmacy and Poisons Ordinance to carry on the business of a Pharmacist at in St. Helena.

Date

*Senior Medical Officer*³.

³ *Gazette Notice No. 63 of 1 July 2011: Senior Medical Officer/Clinical Director*

FORM 3

(Section 8(2)(b))

**FORM OF POISONS BOOK TO BE KEPT BY
AUTHORISED SELLERS OF POISONS**

POISONS BOOK

Date of Sale.	Name and Quantity of Poison supplied.	Purchaser's			Purpose for which stated to be required.	Date of certificate (if any).	Name and address of person giving certificate (if any).	Signature of purchaser or, where a signed order is permitted by the Poisons Rules, the date of the signed order.
		Name.	Address.	Business, trade or occupation.				

FORM 4

(Section 11(1))

APPLICATION TO SELL POISONS IN PART B OF THE POISONS LIST

I, A.B., of, do hereby apply to be authorised to sell poisons included in Poisons List on my premises at in St. Helena.

Date

Signature

FORM 5

(Section 11(2))

**REGISTER OF PERSONS PERMITTED TO SELL POISONS
INCLUDED IN PART B OF THE POISONS LIST**

Serial.	Name in full.	Date of Entry.	Descriptions of premises.	Remarks.

FORM 6

(Section 8(2)(a)(i))

CERTIFICATE FOR USE WHEN PURCHASER IS NOT KNOWN TO THE SELLER

For the purposes of Section 8(2)(a)(i) of the Pharmacy and Poisons Ordinance, I, the undersigned, a householder occupying*..... hereby certify from my knowledge of†....., of*....., that he is a person to whom‡ may properly be supplied.

I further certify that§..... is the signature of the said†

Signature of householder giving certificate.

Date.....

- * Insert address
- † Insert name of intending purchaser
- ‡ Insert name of poison
- § Intending purchaser to sign his name here

LICENCE FEES PAYABLE

(Sections 5 and 11(1))

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| 1. | Licence to carry on the business of a Pharmacist or to practice pharmacy..... | £1 |
| 2. | For the renewal thereof yearly | £1 |
| 3. | Entry of name in the list of persons authorised to sell drugs included in Part B of the Poisons List | £1 |
| 4. | For retention of the name on the Poisons List in any subsequent year ... | £1 |
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