Form B

PHARMACY COUNCIL OF NIGERIA

APPLICATION FOR REGISTRATION OF PREMISES

Name of Premises
(Block Letter)

.....

.....

Address of Premises

.....

.....

Recent
Coloured Passport Size
Photograph

Name of Registered Pharmacist
having control of the Business

.....

(Surname) (Other names in full)

Telephone Number(s).....

Email.....

Full Reg. No. of Pharmacist:

.....

I apply for registration and enclose:.....

(State all documents enclosed)

.....

Signature:.....

Date:.....

Please complete the form appropriately

PHARMACY COUNCIL OF NIGERIA
APPLICATION FOR REGISTRATION OF NEW PREMISES AND RETENTION OF OLD PREMISES

FORM B

(Under the Pharmacy Council of Nigeria Establishment) Act 2022

This application should be completed in duplicate and sent through the designated official in the state who will keep the duplicate and after necessary endorsement, forward the original together with the applicant's passport photograph to:

The Registrar,
Pharmacy Council of Nigeria,
Plot 7/9, Idu Industrial Layout, Idu
P.M.B 415, Garki Abuja
E-mail: pcnig@yahoo.ca
connect@pcn.gov.ng

1. **I enclose herewith Remita Number**

.....

For the sum of.....

(Amount in words)

Processing fee (Non refundable)

Class	NEW	RENEWAL	INSPECTION FEES	LOCATION FEES
MANUFACTURERS				
CATEGORY A: Manufacturing (3 or more product line)	N450,000.00	N300,000.00	N450,000.00	N50,000.00
CATEGORY B: Manufacturing (Two Product line)	N300,000.00	N225,000.00	N300,000.00	N50,000.00
CATEGORY C: Manufacturing (One Product line)	N150,000.00	N150,000.00	N150,000.00	N50,000.00
CATEGORY D: (One Product Only)	N100,000.00	N100,000.00	N150,000.00	N50,000.00
IMPORTERS				
(20 Products or More)	N750,000.00	N500,000.00	N500,000.00	N50,000.00
(10 to 19 Products)	N500,000.00	N350,000.00	N300,000.00	N50,000.00
(Less than 10 including scientific)	N350,000.00	N250,000.00	N200,000.00	N50,000.00
DISTRIBUTORS				
Coordinated Wholesale Centre Facility	N2,000,000.00	N1,000,000.00	N2,000,000.00	N1,000,000.00
Coordinated Wholesales Subsidiary Unit of five	N1,000,000.00	N750,000.00	N750,000.00	
Mega Drugs Distribution Centre	N1,500,000.00	N500,000.00	N500,000.00	N50,000.00
State Drugs Distribution Centre	N300,000.00	N150,000.00	N300,000.00	N50,000.00
Distribution (Private) Centre/Depot/Warehouse	N400,000.00	N200,000.00	N150,000.00A	N50,000.00
WHOLESALERS	N250,000.00	N150,000.00	N150,000.00	N30,000.00
Scientific Office	N250,000.00	N150,000.00	N100,000.00	N20,000.00
On-Line Pharmacy	N150,000.00	N100,000.00	N100,000.00	N20,000.00
Community Pharmacy	N20,000.00	N10,000.00	N25,000.00	N15,000.00

Every retention fee must be paid before 31st of January each year.

2. **(a) Name and Address of Pharmaceutical Premises**

.....

.....

.....

(b) State the Scope/Area of Practice (Mark Yes Or No)

(I) Manufacturing.....
(II) Importation.....
(III) Distribution.....
(IV) Wholesaling.....
(V) Retail and Dispensing.....

(c) If an old premises, state the last premises certificate number with date

.....

.....

.....

3. Full Name: Surname..... Other Name in Full :.....
of Surname Pharmacist

.....

(a) Date of qualification:.....

(b) Current residential address:.....

.....

.....

(c) Last Annual Licence Number.....

(d) Were you the Supt. Pharmacist Last Year?..... Yes ..... No .....

(e) If no to (3d) where were you working in full time empowerment:.....

.....

3. Full Name(s) of Director(s) and their profession as in Form C.O.7

Full Reg. No. and Current Annual Lic. of Pharmacist Director(s)

.....

.....

.....

OTHER DIRECTORS

.....

.....

.....

.....

.....

.....

5. (a) The Registrar Shall be notified immediately of any changes of address of premises, or any changes of Pharmacist in personal control of the business

(b) Take notice That the Pharmacy Council of Nigeria (PCN) shall make a claim and recover all costs of litigation incurred by it in defense of any court action instituted against it at the instance of any registered Pharmacist and/or registered Pharmaceutical premises and whereby the suit is struck out, withdrawn or the Pharmacist or the Pharmaceutical premises loses the case.

.....

Signature of Pharmacist i/c

Date:.....

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A. FOR THE DESIGNATED OFFICIAL IN THE STATE

(I) Has the premises been duly inspected? .....

(II) Is the inspection reported forwarded? .....

(III) Is the premises recommended? Yes or No .....

Name of designated official in the state:.....

Signature:.....

Stamp of Officer:.....

Date:.....

B. FOR THE COUNCIL SECRETARIAT

(I) Is the application recommended or rejected?.....

(II) If rejected, state the reason(s) .....

.....

.....

.....

(iv) Name:.....

(V) Signature.....

(VI) Date:.....

C. FOR THE REGISTRAR

Is the application approved?..... .....

Signature:.....

Stamp of Officer:.....

Date:.....

PHARMACY COUNCIL OF NIGERIA

Pharmacy Council of Nigeria (Establishment) Act 2022 FORM C

APPLICATION FOR REGISTRATION AS A PHARMACIST

This form is to be amended according to the circumstances of the case and the name of the witness must be approved by the registrar.

Passport Sized Photograph

To: The Registrar,
Pharmacy Council of Nigeria,
Plot 7/9 Idu industrial layout,
P.M.B. 415, Garki, Abuja.
Tel: 08066055429
E-mail: pcnig@yahoo.ca, connect@pcn.org.ng

I.....being a
(Surname) (First Name) (Middle Name)

Male/Female person of .....
(Permanent home Address)

Hereby apply for registration as a Pharmacist in Nigeria

1. In support, I declare
   (a) I am .....
   (State nationality and how acquired, i.e by Birth Naturalization, etc)
   (b) My Qualifications are .....
   .....
   (c) I served my Internship from...../...../..... to ...../...../.....
   DD/MM/YY DD/MM/YY
   at.....
   (Name of Institution)
   under.....
   (Name of approved registered Pharmacist)
   (d) I am informed am verify believe that.....
   (Here name the country)
   of which I am a Citizen/National grants reciprocal registration facilities to Nigerian Citizens
   (e) I have continuously resided in Nigeria from.....day of .....20.....
2. The two registered Pharmacists of Nigeria hereunder are my referees:
   (a) .....of.....
   (b) .....of.....
3. I enclose the prescribed fees for registration as a Pharmacist in bank draft
4. I attach hereto a completed "Form D" as evidence of my experience with a registered Pharmacist
5. I declare that the above statements are correct and that I am the person shown in the attached photograph.

MADE and declare by me at.....this.....day of.....20.....

....
Name and Signature of Witness (Pharmacist) Signature of Applicant

Address of witness.....

NOTE: Original Certificates must be produced before the council, with a photocopy of the relevant certificate for retention by the council.

PHARMACISTS COUNCIL OF NIGERIA

FORM D

PCN/D/ 0035776

FEDERAL REPUBLIC OF NIGERIA

Certificate of Experience

(TO ACCOMPANY FORM C)

THIS FORM MAY BE OBTAINED FROM THE REGISTRAR. NO FEE IS PAYABLE FOR THE FORM AND THE CERTIFICATE MUST BE SIGNED AND ISSUED FREE OF CHARGE

I certify that _____

(here state name in full and indicate sex and status)

Of _____

(State Current Address of Intern)

has satisfactorily served with me in the practice of my profession as a Pharmacist at

_____

(Address of Premises)

From _____ *20*_____

to _____ *20*_____

Dated at _____ *this* _____ *day of* _____ *20*_____

Supervising Pharmacist: Name: _____

Full Name

Signature: _____

Registration No: _____

Position: _____

PHARMACY COUNCIL OF NIGERIA

APPLICATION FOR RETENTION OF NAME ON THE REGISTER

FORM J (Under the Pharmacy Council of Nigeria Establishment) Act 2022 Form J

To: The Registrar,
Pharmacy Council of Nigeria,
Plot 7/9, Idu Industrial Layout, Idu
P.M.B 415, Garki Abuja
E-mail: pcnig@yahoo.ca
connect@pcn.gov.ng

Recent Coloured Passport Size Photograph

1. I.....
(Surname) *(Former Names where applicable)*

2. Date of birth: Day..... Month:..... Year:..... State of Origin:..... L.G.A:.....
Full Registration Number.....
require my name to be retained on the register and hereby apply for practicing licence for the year commencing 1st January 20..... to 31st December 20.....

3. (a) Year of qualification:.....
(b) I enclose herewith the amount of:

(Tick the appropriate fee)

- ☐ Free - 40 years post registration and above
- ☐ N10,000 - 15-39 Years Post Registration
- ☐ N7,000 - 10-14 Years Post Registration
- ☐ N4,000 - 9 Years Post Registration and below
- ☐ N2,500 - NYSC
- ☐ $100 - Pharmacists resident Abroad

Remita Number:.....
NOTE: ***fees must be paid before January 31 of each year.***

4. I forward herewith the following particulars .....
5 (a) (I) Residential Address: .....
.....
State:.....
Telephone:.....
E-mail:.....
NOTE: Licence will be dispatched to State of Residence

(II) Where do you work
Name:.....
Address:.....
Telephone:.....
E-mail:.....

(III) State the Scope/Area of Practice.....(Academic Retail and Dispensing, Hospital, Administrative, Wholesale, Importation, Manufacturing etc)

(IV) Are you a Superintendent Pharmacist?..... Yes/No.....

NOTE: Every Registered Pharmacist shall send immediate notice of any change of address to the Registrar of the Pharmacists, Council of Nigeria, Plot 7/9, Idu Industrial Layout, P.M.B. 415, Garki, Abuja.

(b) Last Year's Licence to practice as a Pharmacist: Number..... Date.....

6(a) I hereby certify that I am not a registered and practicing member of an allied profession and the particulars furnished herein are true.

(b) TAKE NOTICE: That the Pharmacy Council of Nigeria (PCN) shall make a claim and recover all costs of litigation incurred by it in defense of any court action instituted against it at the instance of any Registered Pharmacist and/or Registered Pharmaceutical premises and whereby the suit is struck out, withdrawn or the Pharmacy or the Pharmaceutical Premises Loses the case.

....
Stamp and Signature of designated official in the state *Name of Applicant* *Signature and Date*

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(a) Is application approved or rejected?.....
(b) If rejected, state reason (a).....
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