



**DEPARTMENT OF PHARMACEUTICAL SERVICES
MINISTRY OF HEALTH
BRUNEI DARUSSALAM**

**APPLICATION FORM FOR POISONS LICENCE
(POISONS ACT 1956)**

Ref No:	Date:
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Note:

1. Application for Poisons Licence renewal must be submitted **one month prior to the expiry date of the latest/current licence.**
2. Incomplete application form shall not be processed.
3. Please mark with an (X) in the relevant box.
4. The relevant annexes provided must be completed.
5. The complete application form with the relevant fee should be submitted to the **Compliance and Licensing Section, 1st Floor, Department of Pharmaceutical Services, Kg Madaras, Mukim Gadong 'A', Brunei Darussalam.**
6. Payment of fees can either be made in the forms of cash or cheque only. Fees paid are non-refundable. Please note that payments can only be made from **Monday to Thursday, 8am to 11.30am** (8am to 10.30am for Ramadhan month) during government working days.

Fees:

- | | |
|--|--------|
| a) Application for Licence A or C or D | - \$15 |
| b) Application for Licence A & C or A & D | - \$25 |
| c) Application for Licence A, C & D | - \$40 |

Note: Only complete application forms (one original and one photocopy) submitted with confirmed payment will be processed.

1.0 DETAILS OF APPLICANT

Full Name: (Capital Letters)	Designation:
Identity Card No:	Colour:

2.0 DETAILS OF COMPANY

Company Name:			
Company Address:			Postcode:
Mailing Address:			Postcode:
Tel No:	Office:	Hand phone:	Email:

3.0 INFORMATION ON CURRENT POISONS LICENCE

Licence No:	Date of Issue:	Expiry Date:
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4.0 TYPE OF POISONS LICENCE APPLIED FOR RENEWAL

<input type="checkbox"/>	Licence A - Licence to Import and Store Poisons
<input type="checkbox"/>	Licence B - Licence to Deal Generally in Poisons by Wholesale and Retail
<input type="checkbox"/>	Licence C - Licence to Keep and Sell Poisons by Wholesale
<input type="checkbox"/>	Licence D - Licence to Keep and Sell Poisons by Retail

5.0 CURRENT NATURE OF BUSINESS

<input type="checkbox"/> Importer/Exporter	<input type="checkbox"/> Wholesaler/Supplier
<input type="checkbox"/> Retailer	<input type="checkbox"/> Farmer

6.0 CURRENT FACILITY AVAILABLE

Do you have additional store to keep poisons? Yes No

If Yes, please state the store address: _____ Postcode: _____

Store size: Height X Length X width

Own store Rented store Permanent store Temporary store

Do you provide customer-care service for your customers? Yes No

If Yes, please state: _____

7.0 CHANGE IN PARTICULARS

Change in particulars: Yes None

If Yes, please state: _____

I hereby declare that the information given in this form is true to the best of my knowledge. I agree to comply with all the legal requirement of the Poisons Act and its regulations, the Misuse of Drugs Act and its regulations, all the conditions as stated in the poisons licence and also any directives issued by the Poisons Licensing Officer.

Signature & company stamp

Applicant's name

CHECKLIST FOR FORM B

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS	TO BE FILLED BY APPLICANT	TO BE FILLED BY RECEIVING OFFICER
1) Incomplete application form shall not be processed		
2) Please mark with an [X] where necessary.		
3) A copy of the latest poisons license.		
4) For wholesale business, please submit the list of overseas suppliers together with the letters of appointment from the said companies.		
5) Product list, catalogues or Material Safety Data Sheet (MSDS).		
6) If the applicant is not the owner of the company, please submit authorisation letter from company authorising the applicant to apply for the licence on behalf of the company.		
7) Copy of applicant's Identity Card.		
8) For company dealing with Chemicals, Agrochemicals or Pharmaceuticals, if there is any change in store address , please submit: i) site plan; and ii) layout plan of the store		
9) For medical or dental practitioner in private practice, the applicant shall be required to submit a copy of a valid Annual Practising Certificate issued by the Brunei Medical Board.		
10) The application form is to be submitted in two (2) sets.		

Application submitted by: _____

Signature: _____

Date: _____

Application received by: _____

Signature: _____

Date: _____

