

REFEREE'S DECLARATION FORM

This form should be filled by a referee nominated by the applicant. The referee should either be a Pharmacist, a Senior Civil or Public Officer not below the rank of a Principal Executive Officer, a Senior Medical Officer or a Leader of a recognised religious body.

I have known
(name of referee)

Mr/Mrs/Miss: for years in my
(name of applicant)

capacity as I have no doubt that all the
(state relationship with applicant)

applicant's personal data provided are true and accurate. I am convinced that the applicant is capable of adhering to the rules and regulations that go with operating an Over –The- Counter Medicines shop.

I also confirm that the picture endorsed by me is the true likeness of the applicant. I therefore recommend him/her to be considered for the licence.

.....
Signature of Referee

.....
Position

.....
Date

.....
Official Stamp

Referee's Contact Address:

Telephone:

Fax:

E-Mail:

PLEASE NOTE: Any false declaration or the provision of any false information will render this application invalid.