**FORM A**

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| **DEPARTMENT OF PHARMACEUTICAL SERVICES** **MINISTRY OF HEALTH** **BRUNEI DARUSSALAM** **APPLICATION FORM FOR POISONS LICENCE** **(POISONS ACT 1956)**  |
| Ref No:  | Date:  |
| Note: 1. Incomplete application form shall not be processed.
2. Please mark with an (X) in the relevant box.
3. The relevant annexes provided must be completed.
4. The application form is to be submitted in three (3) sets and if your application is related to dealing with agrochemicals or veterinary drugs, the application form is to be submitted in four (4) sets.
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.

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| Fees: |  |  |
| 1. **Application** for **Licence A or C or D**
 | – | **$15** |
| 1. **Application** for **Licence A & C or A & D**
 | – | **$25** |
| 1. **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 **TYPE OF POISONS LICENCE APPLIED**  |
| 3.1 **Licence A -** Licence to Import and Store Poisons  |
| 3.2  **Licence B** - Licence to Deal Generally in Poisons by Wholesale and Retail  |
| 3.3 **Licence C -** Licence to Keep and Sell Poisons by Wholesale  |
| 3.4 **Licence D -** Licence to Keep and Sell Poisons by Retail  |
| 3.5.1 For application of **Licence A or B or C,** please state the *store address*: Postcode:     |
|   Store size: Height X Length X width  |
|  Own store Rented store  |  Permanent store Temporary store  |
| 3.5.2 For application of **Licence B or D,** please state the *address of retail premise*:    |
|   Premise size: Width X Length  |
|  4.0 **APPLICANT’S EXPERIENCE IN HANDLING CHEMICAL POISONS**  |
| Length of experience:  |   |
| Place of work:  |   |
| 5.0 **COMPANY’S CURRENT NATURE OF BUSINESS**  |
| Please state:  |
| 6.0 **CATEGORY OF POISON APPLIED**  |
|  Annex A1 - Pharmaceuticals  Applicant applying for pharmaceutical wholesale poison licence and NOT being a Pharmacist registered under the  Pharmacists Registration Order 2001 shall be required to sit for a test.  **Note:** Please read the guide provided if you intend to apply for a wholesale poisons licence dealing with medicinal  products for human use.  |
|  Annex A2 - Chemicals including Industrial and Laboratory Chemicals  Applicant is required to have the necessary experience and responsibility in handling chemicals  |
|  Annex B1 - Insecticides  Annex B2 - Fungicides  Annex B3 - Herbicides  Annex B4 - Rodenticides  Annex B5 - Others: PGR, Hormones etc. Applicant applying for licence dealing with agrochemicals as in Annex B1 to B5 is required to be assessed by the  Department of Agriculture and Agrifood.  |
|  Annex B6 - Veterinary Drugs  Veterinary doctor applying for poisons licence dealing with veterinary drugs requires prior approval from the  Department of Agriculture and Agrifood.  |
| 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 poison licence and also any directives issued by the Poisons Licensing Officer.      Signature & company stamp        Applicant’s name    |

# CHECKLIST FOR FORM A

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| PLEASE ENCLOSE THE FOLLOWING  | TO BE FILLED BY APPLICANT  | TO BE FILLED BY RECEIVING OFFICER  |
| 1) A covering letter indicating the purpose of application for the licence.  |  |  |
| 2) A copy of identity card of the applicant.  |  |  |
| 3) A copy of business registration certificate (Section 16 & 17) or Certificate of Incorporation together with the Memorándum of Article & Association.  |  |  |
| 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.  |  |  |
| 6) If the applicant is not the owner of the company, please submit authorisation letter from company authorising the applicant to apply the licence on behalf of the company.  |  |  |
| 7) Application related to dealing with Chemicals, Agrochemicals or Pharmaceuticals, please submit the following for the store: 1. site plan; and
2. layout plan
 |   |  |
| 8) For medical or dental practitioner in private practice, the applicant is required to submit a copy of a ***valid Annual Practising Certificate*** issued by the Brunei Medical Board.  |  |  |
| 9) The application form is to be submitted in three (3) sets and if your application is related to dealing with agrochemicals or veterinary drugs, the application form is to be submitted in four (4) sets.  |  |  |

  **Application submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*LAMPIRAN/ANNEX A1 = Farmaseutikal Pharmaceuticals)

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|  Nama Perdagangan *Trade Name*  | Bahan Aktib *Active Ingredients*  | No: Pendaftaran *Registration No:*  |  Nama Pembuat/Negara *Manufacturer/Country*   |
|  |  |  |  |

* LAMPIRAN/ANNEX A2 = Kimia *(Chemicals)*

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| --- | --- | --- | --- |
| Nama Perdagangan *Trade Name*  | Bahan Aktib *Active Ingredients*  | Formulasi *Formulation*  |  Pembekal/Tempat Asal *Supplier/Origin*   |
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\*LAMPIRAN/ANNEX B1= Racun Serangga *(Insecticides)*

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| --- | --- | --- | --- | --- |
| Nama Perdagangan *Trade Name*  | Bahan Aktib *Active Ingredients*  | Peratus (%) *Percent (%)*  | Formulasi *Formulation*  |  Pembekal/Tempat Asal *Supplier/Origin*   |
|  |  |  |  |  |

\*LAMPIRAN/ANNEX B2= Racun/Ubat Penyakit Kulat *(Fungicides)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nama Perdagangan *Trade Name*  | Bahan Aktib *Active Ingredients*  | Peratus (%) *Percent (%)*  | Formulasi *Formulation*  |  Pembekal/Tempat Asal *Supplier/Origin*   |
|  |  |  |  |  |

\*LAMPIRAN/ANNEX B3= Racun Herba *(Herbicides)*

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| --- | --- | --- | --- | --- |
| Nama Perdagangan *Trade Name*  | Bahan Aktib *Active Ingredients*  | Peratus (%) *Percent (%)*  | Formulasi *Formulation*  |  Pembekal/Tempat Asal *Supplier/Origin*   |
|  |  |  |  |  |

\*LAMPIRAN/ANNEX B4= Racun Tikus *(Rodenticides)*

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| --- | --- | --- | --- | --- |
| Nama Perdagangan *Trade Name*  | Bahan Aktib *Active Ingredients*  | Peratus (%) *Percent (%)*  | Formulasi *Formulation*  |  Pembekal/Tempat Asal *Supplier/Origin*   |
|  |  |  |  |  |

\*LAMPIRAN/ANNEX B5= Lain-Lain/Others *(PGR, Hormones, etc.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nama Perdagangan *Trade Name*  | Bahan Aktib *Active Ingredients*  | Peratus (%) *Percent (%)*  | Formulasi *Formulation*  |  Pembekal/Tempat Asal *Supplier/Origin*   |
|  |  |  |  |  |

\*LAMPIRAN/ANNEX B6= Ubat-ubatan Veterinar *(Veterinary Drugs)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nama Perdagangan *Trade Name*  | Bahan Aktib *Active Ingredients*  | Peratus (%) *Percent (%)*  | Formulasi *Formulation*  |  Pembekal/Tempat Asal *Supplier/Origin*   |
|  |  |  |  |  |