



**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.			
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:	Handphone:	Email:
3.0 TYPE OF POISONS LICENCE APPLIED			
3.1 <input type="checkbox"/> Licence A - Licence to Import and Store Poisons			
3.2 <input type="checkbox"/> Licence B - Licence to Deal Generally in Poisons by Wholesale and Retail			
3.3 <input type="checkbox"/> Licence C - Licence to Keep and Sell Poisons by Wholesale			
3.4 <input type="checkbox"/> Licence D - Licence to Keep and Sell Poisons by Retail			
3.5.1 For application of Licence A, B or C , please state the <i>store address</i> :			Postcode:
Store size: <input type="text"/> Height X <input type="text"/> Length X <input type="text"/> width <input type="checkbox"/> Own store <input type="checkbox"/> Rented store <input type="checkbox"/> Permanent store <input type="checkbox"/> Temporary store			
3.5.2 For application of Licence B or D , please state the <i>address of retail premise</i> :			
Premise size: <input type="text"/> Width X <input type="text"/> 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

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 Memorandum 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: i) site plan; and ii) 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*)

Nama Perdagangan <i>Trade Name</i>	Bahan Aktif <i>Active Ingredients</i>	No: Pendaftaran <i>Registration No:</i>	Nama Pembuat/Negara <i>Manufacturer/Country</i>

* LAMPIRAN/ANNEX A2 = Kimia (Chemicals)

Nama Perdagangan <i>Trade Name</i>	Bahan Aktib <i>Active Ingredients</i>	Formulasi <i>Formulation</i>	Pembekal/Tempat Asal <i>Supplier/Origin</i>

* LAMPIRAN/ANNEX B1 = Racun Serangga (*Insecticides*)

Nama Perdagangan <i>Trade Name</i>	Bahan Aktib <i>Active Ingredients</i>	Peratus (%) <i>Percent (%)</i>	Formulasi <i>Formulation</i>	Pembekal/Tempat Asal <i>Supplier/Origin</i>

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

Nama Perdagangan <i>Trade Name</i>	Bahan Aktib <i>Active Ingredients</i>	Peratus (%) <i>Percent (%)</i>	Formulasi <i>Formulation</i>	Pembekal/Tempat Asal <i>Supplier/Origin</i>

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

Nama Perdagangan <i>Trade Name</i>	Bahan Aktif <i>Active Ingredients</i>	Peratus (%) <i>Percent (%)</i>	Formulasi <i>Formulation</i>	Pembekal/Tempat Asal <i>Supplier/Origin</i>

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

Nama Perdagangan <i>Trade Name</i>	Bahan Aktif <i>Active Ingredients</i>	Peratus (%) <i>Percent (%)</i>	Formulasi <i>Formulation</i>	Pembekal/Tempat Asal <i>Supplier/Origin</i>

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

Nama Perdagangan <i>Trade Name</i>	Bahan Aktif <i>Active Ingredients</i>	Peratus (%) <i>Percent (%)</i>	Formulasi <i>Formulation</i>	Pembekal/Tempat Asal <i>Supplier/Origin</i>

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

Nama Perdagangan <i>Trade Name</i>	Bahan Aktib <i>Active Ingredients</i>	Peratus (%) <i>Percent (%)</i>	Formulasi <i>Formulation</i>	Pembekal/Tempat Asal <i>Supplier/Origin</i>