



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

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

Ref No:

Date:

**Note:**

1. Application to renew poisons licence must be submitted to the Ministry of Health **one month prior to the expiry date of the licence.**
2. Incomplete application form shall not be processed.
3. Please mark with an (X) in the relevant box.

**1.0 DETAILS OF APPLICANT**

Full Name:

Designation:

IC No:

Colour:

**2.0 DETAILS OF COMPANY**

Company Name:

Company Address:

Postcode:

Mailing Address:

Postcode:

Tel No:

Office:

Handphone:

Email:

**3.0 INFORMATION OF LATEST POISONS LICENCE**

License No:

Date of Issue:

Expiry Date:

**4.0 TYPES OF POISONS LICENCE APPLIED FOR RENEWAL**

- Licence A - Licence to Import and Store Poisons
- Licence B - Licence to Deal Generally in Poisons by Wholesale and Retail
- Licence C - Licence to Keep and Sell Poisons by Wholesale
- Licence D - Licence to Keep and Sell Poisons by Retail

**5.0 CURRENT NATURE OF BUSINESS**

 Importer/ Exporter Wholesaler/ Supplier Retailer Farmer Others, please state:

--

6.0 CURRENT FACILITIES 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  Permenant 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 poison licence and also any directives issued by the Poisons Licensing Officer.

Signature & company's stamp

Applicant's name

CHECKLIST FOR FORM B

PLEASE ENCLOSE THE FOLLOWING	TO BE FILLED BY APPLICANT	TO BE FILLED BY OFFICER RECEIVING
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 <b>change in store address</b> , 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 <b>valid Annual Practising Certificate</b> issued by the Brunei Medical Board.		
10) The application form is to be submitted in two (2) sets.		

Application submitted by: \_\_\_\_\_

Application received by: \_\_\_\_\_

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

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

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

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

