

2050

MH  
FORM

3

REPUBLIC OF BOTSWANA  
MINISTRY OF HEALTH

*Application to be sent to:*  
Permanent Secretary  
Ministry of Health  
Private Bag 0038  
GABORONE  
Attention: Chief Pharmacist

APPLICATION  
Number:

**APPLICATION FOR APPROVAL TO:**

- import drugs                       export drugs
- as wholesaler     Schedule 1,2,3 and 4
- as retailer             Schedule 4 only
- as wholesaler     Schedule 1,2,3 and 4
- as retailer             Schedule 4 only

manufacture drugs (see also reverse page)

sell drugs

- as wholesaler     Schedule 1,2,3 and 4
- as wholesaler     Schedule 4 only
- as retailer             Schedule 1,2,3 and 4 (pharmacy)
- as retailer             Schedule 4 only

N a m e o f a p p l i c a n t  
\_\_\_\_\_  
*(of person representing the company)*

A d d r e s s o f a p p l i c a n t  
\_\_\_\_\_

My qualifications are (profession/education) \_\_\_\_\_

The premises are located (address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

*Date*

*Signature of applicant*