



(Section 28 (4) of the Medicines and Related Substances Act, 2013)

Name of Authorized Person: _____

National Identity/passport No.: _____

BVC/BHPC Registration Number: _____

DECLARATION FOR CONTINUOUS PERSONAL SUPERVISION BY THE AUTHORIZED PERSON

I _____ am the Authorized Person for _____ retail /wholesale/manufacture. Premises are located at _____

I hereby undertake to provide continuous supervision of the sales and maintenance of medicines and related substances in the above premises and I hold myself responsible for compliance to the Medicines and Related Substances Act of 2013 and other relevant legal instruments. I will therefore adhere to all the standards relating to ethics and professional conduct and ensure that all employees act within their scope of practice.

I will be held liable and requested to respond in cases of noncompliance.

Signature _____ Date: _____