



Date: _____

Name of Pharmacist: _____

Identity Number: _____

Registration Certificate Number: _____

DECLARATION FOR CONTINUOUS PERSONAL SUPERVISION BY THE RESPONSIBLE PHARMACIST

I, _____, am a Registered Pharmacist (BHPC identity card/ permission to practice number: _____ date of Expiry _____.) and a valid Private Practice License holder (**not applicable for wholesale**). I am/will be the Responsible Pharmacist for _____ Pharmacy/Wholesale.

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 Substance 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 _____