

**PROPRIETARY INTERESTS IN PHARMACY BUSINESSES
APPLICATION FORM - TR/P-001/24**



Part A

Application Type (Tick Relevant Box)

1. New Application

2. Change of Ownership

3. Relocation of Premises

4. Renewal of License

Name of Applicant/ Registered Pharmacist

Name of Pharmacy Business or Proposed Name of the Pharmacy Business

Proposed Pharmacy Location or Proposed Pharmacy Location

Proposed Pharmacy Re-Location (only applicable for application type 3)

Applicants Contact Details (For correspondence)

Address

Telephone #

Email ID

Ownership Status

Sole Proprietor

Partnership

Body Corporate

Others

Partnership

Name & Shares of each Partners.

Body Corporate**Name of each Director**

Proposed Opening Date/Relocation Date (only applicable for application type 1 & 3)

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Last Renewal Date (only applicable for application type 4)

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Part B

Applicants are required to submit the following requirements with their application to FCCC for License to operate a Pharmacy Business.

Please tick for the requirements submitted .

APPLICATION CHECKLIST

Please Tick	Requirements	Application Type
	Completed Application Form- TR/P-001/24	1,2,3,4
	Copy of Pharmacy Registration Certificate	1,2,3,4
	Copy of Valid Practicing License	1,2,3,4
	Sworn Affidavit on Declaration of Ownership	1,2,3,4
	Evidence of Financial Capacity	1
	Citizenship status	1,2,3,4
	TIN Letter for the Business	1,2,3,4
	Company Registration (whether it's a sole trader/ partnership or company)	1,2,3,4
	Business Registration Certificate	1,2,3,4
	Business Registration Profile	1,2,3,4
	Copy of Particulars of Directors and Secretaries (issued by Registrar of Companies)	1,2,3,4
	Detailed proposed Pharmacy Floor Plan	1 & 3
	Copy of Lease or Tenancy Agreement	1,3,4
	Copy of Sales and Purchase Agreement	1,3,4
	Copy of Partnership agreement – if any	1,2,3,4

	Nature of products that would be offered by Pharmacy, please provide broad list.	1 & 3
	List of other businesses in which the applicant already owns or intends to acquire an interest	1 & 3
	List of all other pharmacy businesses for which the applicant has been the registered pharmacist in the last 5 years.	1 & 3
	Details of relatives, other members of the family or closely acquainted persons, if any with any other person practicing as a pharmacist or in a possession of a proprietary interest in a pharmacy business or related enterprise	1 & 3
	If relocation of Pharmacy or change of ownership, outline the reasonings for such.	2 & 3
N/A	Prescribed Fee – Prior to issue of license and Annual fee _ as applicable	1,2,3,4

Part C

Declaration

I hereby declare that the information provided on this form is accurate and submitted together with the required documents as per FCCC checklist attached below of this form. I agree to notify the FCCC within 30 days of any changes to the particulars submitted.

Applicant Name

Applicant Signature

Date

Witness Name

Witness Signature

Date

Application with supporting documents to be emailed to yentesh.mudaliar@fcc.gov.fj and copied to vinitesh.kumar@fcc.gov.fj.

FCCC OFFICIAL USE

Application #

Received by Name

Signature

Date Receive