



APPLICATION FOR A PREMISES PERMIT FOR A VETERINARY PHARMACY

The Chief Executive Officer,
Veterinary Medicines Directorate
P.O.Box 66171-00800, Westlands,
Nairobi
Telephone: +254743795395
Email: info@vmd.go.ke

1. Applicant Details

Applicant's Name: Professional Reg. No.....

Email address:..... Cell Phone No.....

ID/Passport/Alien ID No:..... Nationality.....

Premise Name & Address:.....

.....

Qualification

Period of experience working in a veterinary pharmacy years.

2. Premise Location:

County:..... Town:.....

Road:..... Building:.....

3. Proposed category of vet medicines that will be traded in:.....

4. Other professionals working in this premise

<i>No.</i>	<i>Names</i>	<i>Position in the business</i>	<i>Registration/en rollment no.</i>	<i>Qualification and experience</i>
1.				
2.				
3.				

DateSignature of the Applicant

Note: all fields are MANDATORY. Attach a copy of previous premise license, if any, a copy of current registration with the professional regulator and the business registration details where applicable. Non-Kenyans to attach current work permit. Incomplete forms will not be processed.