



REPUBLIC OF LIBERIA
 MINISTRY OF HEALTH (MOH)
PHARMACY BOARD OF LIBERIA
 P.O. BOX 10-9009
 1000 MONROVIA 10-LIBERIA
 WEST AFRICA



2016-2017 REGISTRATION FORM Medicine Store

County: _____ Code: _____

Name of Entity _____

(Name of Pharmacy / Medicine Store)

Location _____

Registration Year _____

Proprietor(s) _____

Nationality: _____

Nationality: _____

Nationality: _____

Cell No. _____

Email: _____

Dispenser's Name: _____

PBDL#: _____

Cell No. _____

Email: _____

Approved: _____

Date: _____

Proprietor

PBL Use Only

Date Submitted: _____

E-mail: pharmacyboardliberia@yahoo.com

PLEASE TYPE ALL INFORMATION