



BAHAGIAN PERKHIDMATAN FARMASI
JABATAN KESIHATAN NEGERI
Pharmaceutical Services Division
.....State Health Department

**BORANG PERMOHONAN MEMPERBAHARUI ATAU MEMINDA BUTIRAN BAGI
LESEN RACUN JENIS A/B/E/PERMIT NATRIUM HIDROKSIDA (NaOH)**

Application Form to Renew or Amend Details in the Poisons Licence Type A/B/E/Sodium Hydroxide (Naoh) Permit

Fail Rujukan (*Reference No*):

BORANG INI HANYA TERPAKAI UNTUK (*This Form is Applicable in the Case of*):

- i. Pembaharuan Lesen/Permit Tanpa Sebarang Pindaan Butiran (*Renewal of Licence/Permit Without any Changes in Informations*)
- ii. Pindaan Senarai Racun Pada Lesen Racun Jenis B (Amendment of Poison List in the Type B Poisons Licence)
- iii. Pindaan Kuantiti NaOH Dalam Permit NaOH Sahaja (*Amendment of NaOH Quantity in the NaOH Permit*)
- iv. Pindaan/Tambahan Alamat Stor (*Amendment/Additional Store Addresses*)

SILA PASTIKAN BORANG PERMOHONAN DAN DOKUMEN SOKONGAN ADALAH LENGGAP. PERMOHONAN YANG TIDAK LENGGAP TIDAK AKAN DIPROSES (*Please Ensure the Application Form and the Supporting Documents are Complete .*

Incomplete Application will not be Process)

* POTONG YANG TIDAK BERKAITAN (* *Delete Where Necessary*)

Kegunaan
CPF
CPF Use

A. MAKLUMAT PERMOHONAN (*Applicant's Informations*)

1. Nama Pemohon (<i>Applicant's Name</i>) :	<input style="width: 100%; height: 20px;" type="text"/>
2. No KP/Passport Pemohon (<i>IC / Passport No</i>):	<input style="width: 100%; height: 20px;" type="text"/>
3. Nama Syarikat (<i>Company's Name</i>):	<input style="width: 100%; height: 20px;" type="text"/>
4. Alamat Syarikat (<i>Company's Address</i>):	<input style="width: 100%; height: 20px;" type="text"/>
5. No Telefon (<i>Telephone No</i>) Faks (<i>Fax</i>):	<input style="width: 100%; height: 20px;" type="text"/>
6. No Telefon Bimbit (<i>Mobile No</i>) : E-mel (<i>E mail</i>):	<input style="width: 100%; height: 20px;" type="text"/>
7. No Daftar Lesen/Permit Terdahulu (<i>Previous Licence/Permit Registration No</i>) :	<input style="width: 100%; height: 20px;" type="text"/>
8. Jenis Permohonan. Tandakan [✓] Pada Kotak Berkenaan (<i>Type of Application. Please Tick [✓] in the Appropriate Box</i>)	
<input type="checkbox"/> Memperbaharui Lesen/Permit Untuk Tahun Tanpa Sebarang Pindaan Butiran <i>(Renewal of Licence/Permit for the Year WITHOUT ANY AMENDMENTS ON THE DETAILS)</i>	<input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/> Meminda Senarai Racun (<i>Amendement of the Poison List</i>) [Sertakan Lampiran Jika Tidak Mencukupi] (<i>Please use Separate Attachement if Necessary</i>)	<input style="width: 100%; height: 20px;" type="text"/>
i.	
ii.	
<input type="checkbox"/> Meminda Kuantiti NaOH (<i>Amendment of NaOH Quantity</i>)	<input style="width: 100%; height: 20px;" type="text"/>
i. Pepejal Daripada (<i>Solid Form, From</i>) (Kg) Kepada (<i>To</i>)(Kg)*	
ii. Cecair Daripada (<i>Liquid Form, From</i>) (Kg) Kepada (<i>To</i>)(Kg)*	
<input type="checkbox"/> Pindaan/Tambahan * Alamat Stor (<i>Amend / Add * Store Address</i>)	<input style="width: 100%; height: 20px;" type="text"/>
Sila Sertakan Perjanjian Sewa Bangunan jika perlu (<i>Please Attach the Tenancy Agrrement if Applicable</i>)	
.....	
.....	

B. PERAKUAN DAN BAYARAN (Payment and Disclaimer)

Tandakan [✓] Pada Kotak Berkenaan (Please Tick [✓] in the Appropriate Box)

9. Saya Sertakan Dokumen-Dokumen Berikut (I Hereby Attached the Following Documents)

Memperbaharui Lesen/Permit (Renewal of Licence/Permit)

Sijil Pengekalan Tahunan Ahli Farmasi (Pharmacist Annual Practising Certificate)

Salinan Lesen Perniagaan Pihak Berkuasa Tempatan (Copy of Business Licence with the Local Town Council)

Permit Kerja ,Jika Berkaitan (Working Permit, if Necessary)

Salinan Lesen/Permit Terdahulu (Copy of Previous Licence/Permit)

Meminda Senarai Racun Dalam Lesen Racun Jenis B (Amendment of Poisons List in Poisons Licence Type B)

Material Safety Data Sheet (MSDS)

End User Declaration ,Bagi Bahan Kimia Prekursor Sahaja (End User Declaration, for Precursor only)

Meminda Kuantiti NaOH (Amendment of NaOH Quantity)

Rekod Pembelian/Kegunaan Tahun Semasa (Current Purchase/Use Record)

Permit Lama (Asal) Dengan Catatan Butiran Pembelian

(Previous Original Permit with the Information on Purchasing)

Meminda/Menambah Alamat Stor (Amend/Add Store Address)

Perjanjian Sewa Bangunan, Jika Berkaitan (Tenancy Agreement if Applicable)

C. BAYARAN & PERAKUAN (Payment & Disclaimer)

10. Bersama Ini Saya Sertakan Bayaran Berikut. Sila Tandakan [✓] Dalam Kotak Berkenaan

(Attached Herewith is the Payment for the Following. Please Tick [✓] in the Appropriate Box)

Percuma Untuk Lesen Racun Jenis A Sahaja (Ahli Farmasi sahaja)

(Free for Poisons Licence Type A Application (Pharmacist only))

RM 100. 00 Untuk Lesen Racun Jenis B / E *

(RM 100.00 for Poisons Licence Type B / E *)

RM 20.00 Untuk Permit Natrium Hidroksida (NaOH)

RM 20.00 for Sodium Hydroxide (NaOH) Permit

Dalam Bentuk Money Order / Wang Pos / Bank Deraf * Bernombor Atas Nama

'PENGARAH KESIHATAN NEGERI

(In the Form of Money Order / Postal Order / Bank Draft * Number Under the Name

PENGARAH KESIHATAN NEGERI"

Semua maklumat yang diberikan adalah benar dan pihak Jabatan berhak menolak permohonan ini jika

didapati sebaliknya dan membatalkan lesen / permit sekiranya syarat permohonan tidak dipatuhi

(Informations provided are true and the Department deserves the right to reject the application if found otherwise. The

Department deserves the right to cancelled the licence / permit if it is found not complied with the conditions of the application)

Tandatangan Pemohon: Tandatangan Majikan:

(Applicant's Signature)

(Employer's Signature)

Nama Pemohon: Nama Majikan:

(Applicant's Name)

(Employer's Name)

Cop Rasmi:

Cop Rasmi:

(Official Stamp)

(Official Stamp)

D. SEMAKAN DAN PENILAIAN CPF (CPF Revision and Evaluation)

Jenis Lesen/Permit (Type of Licence/Permit)

- Lesen A (Runcit) (Licence A, Retail)
- Lesen A (Borong) (Licence A, Wholesale)
- Lesen A (Runcit & Borong) (Licence A, Wholesale & Retail)
- Lesen B (Bahan Kimia) (Licence B, Chemicals)
- Lesen B (Feedmiller/Feedseller) (Licence B, Feedmiller/Feedseller)
- Lesen E (Licence E)
- Permit NaOH (NaOH Permit)

Keputusan Pemeriksaan Terakhir (Latest Inspection Results)

Tarikh Pemeriksaan (Inspection Date) :

- Hijau (Memuaskan) (Green, Satisfactory)
- Kuning (Kurang Memuaskan) (Yellow, Satisfactory Acceptable)
- Merah (Tidak Memuaskan) (Red, Not Satisfactory)

Sah Laku Lesen/Permit (Validity of Permit/Licence) : Hingga (Until)

E. KEPUTUSAN (Decisions)

Ulasan Ketua Penolong Pengarah Farmasi (Kuatkuasa) [KPP(K) / KPP]:

(Comment by the Senior Principal Assistant Director (Enforcement) [KPP(K)/KPP])

Permohonan DICADANG / TIDAK DICADANG * (Application Recommended/Not Recommended)*

Ulasan (Comment) :
.....

.....
Nama & Cop Jawatan (Name & Official Stamp)

Ulasan Timbalan Pengarah Kesihatan Negeri (Farmasi) [TPKN(F)]

(Comment by the State Deputy Director (Pharmacy) [TPKN (F)])

Permohonan DISYOR / TIDAK DISYOR * (Application Recommended/Not Recommended)*

Ulasan (Comment) :
.....

.....
Nama & Cop Jawatan (Name & Official Stamp)

Keputusan Pengarah Kesihatan Negeri (Decision by the State Director of Health) :

Permohonan DILULUS / TIDAK DILULUS * (Application Approved/Not Approved)*

Ulasan (Comment) :
.....

.....
Nama & Cop Jawatan (Name & Official Stamp)



BAHAGIAN PERKHIDMATAN FARMASI
JABATAN KESIHATAN NEGERI
(Pharmaceutical Services Division, State Health Department)

Tuan / Puan *(Mr. / Ms.)*

SLIP PENERIMAAN *(Acknowledgment of Receipt)*

Dimaklumkan Money Order/Wang Pos/Bank Deraf * Bernombor dan borang permohonan telah diterima daripada dari Syarikat bagi Permohonan Memperbaharui atau Meminda Butiran Lesen Racun Jenis (A / B / E) /Permit Natrium Hidroksida (NaOH) *

*(I Hereby certify that the money order/ postal order/bank draft * no and the application form were received from of being the payment for application to Renew or Amend Details in the Poisons Licence Type (A / B / E) / Sodium Hydroxide (NaOH)**

Tandatangan Pegawai Penerima *(Initial of the Receiving Officer)* :

Nama Pegawai Penerima *(Name of the Receiving Officer)* :

Tarikh *(Date)* :

* Potong yang tidak berkenaan *(Delete where necessary)*

PERINGATAN KEPADA PEMOHON *(Reminder to the applicant)* :

- 1 **BAGI PERMOHONAN PEMBAHARUAN LESEN / PERMIT UNTUK TAHUN BARU, BORANG PERMOHONAN PERLU DIKEMUKAKAN KE PEJABAT CAWANGAN PENGUATKUASA FARMASI NEGERI DALAM TEMPOH 1 HINGGA 31 OKTOBER SETIAP TAHUN BAGI MEMASTIKAN LESEN / PERMIT TAHUN BARU DAPAT DIKELUARKAN SEBELUM 1 JANUARI.**
(Application for renewal of licence / permit for new year, need to be submitted to the State Pharmacy Enforcement Office between 1st until 31st October every year in order to ensure the licence/permit can be issued before 1st January)
- 2 **SILA PASTIKAN BORANG PERMOHONAN DAN DOKUMEN SOKONGAN ADALAH LENGKAP. PERMOHONAN YANG TIDAK LENGKAP TIDAK AKAN DIPROSES**
(Please ensure the application form and the supporting documents are complete. Incomplete application will not be process)