Royal Pharmaceutical Society of Great Britain

Application to nominate a superintendent pharmacist

Section 1 – Reason for application (please answer either A or B)

A For a Body Corporate/Limited Company which **DOES** currently own registered pharmacy premises.

The nomination of superintendent form is being submitted to nominate a new superintendent. ☐

Please enter the details of the PREVIOUS superintendent

Registration Number

Forename

Surname

B For a Body Corporate/Limited Company which **DOES NOT** currently own registered pharmacy premises.

The nomination of superintendent form is being submitted together with either a completed new premises application form, or a transfer of ownership application form. ☐

Enter the postcode of the new premises or the premises due to be transferred

Please note, the Society cannot accept a nomination of superintendent form for a Body Corporate/Limited Company which does not currently own registered pharmacy premises, unless it is accompanied by either a completed new premises application form, or a transfer of ownership application form.

Section 2 Body corporate/Limited company making application

2.1 Name of Limited Company

2.2 RPSGB corporate owner number

If the Corporate Body/Limited Company does not currently own registered pharmacy premises leave this section blank.

2.3 Certificate of Incorporation number

2.4 Correspondence address

2.5 Phone Mobile

2.6 Email address

Section 3 Nomination of superintendent

To be completed by secretary/managing director

3.1 **I** (name of secretary/managing director of the Corporate Body named in section 2)

3.2 **wish to nominate**

Registration Number

Forename

Surname

3.3 **as superintendent pharmacist to the above named Corporate Body/Limited Company with effect from**

Date / /

3.4 Signature Date / /

Please return to: **Registration Division, 1 Lambeth High Street, London, SE1 7JN**
Any questions: phone: 0207 572 2322 fax: 0207 572 2510 email: registration@rpsgb.org

Section 4 Acceptance of nomination of superintendent

To be completed by the nominated superintendent

4.1 **I,** (nominated superintendent)

Registration Number

Forename

Surname

4.2 **accept the appointment of superintendent pharmacist and declare that the business of the said Body Corporate, so far as it concerns the keeping, preparing, dispensing and supplying of medicinal products, other than products on the general sale list, is under my management. The retail sale of medicinal products is either under my personal control or being carried on subject to my direction, under the personal control of a manager or an assistant who is a registered pharmacist.**

4.3 **I declare that I am not a superintendent to any other corporate body. I declare that I am a Practising member of the Society.**

4.4 **Are you a director of the Body Corporate?** **Yes** ☐ **No** ☐

4.5 **Bodies Corporate may <u>not</u> use titles such as 'chemists' or 'druggists' unless the superintendent is a member of the board (Medicines Act 1968 Section 78(3)(b)). If you have indicated you are not a director, by signing below you give your assurance that restricted titles will not be in use by the company, for example on stationery labels or fascia signs. The Society would have no objection to the use of the word 'pharmacy' provided that all premises operated by the Body Corporate at which retail sales are made, are registered pharmacy premises.**

4.6 Signature Date / /