



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

BORANG PERMOHONAN LESEN RACUN JENIS A / B / E /PERMIT NATRIUM HIDROKSIDA (NaOH)
(Application Form for Poisons Licence Type A / B / E /Sodium Hydroxide Permit [NaOH])

Gambar Pemohon <i>(Photograph of Applicant's)</i>
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Fail Rujukan *(Reference No)* :
 Tempoh Sah Lesen/Permit *(Validity of Licence/Permit)*: Dari *(From)*hingga *(until)*

Peringatan Penting *(Important Reminder)*:
Borang Ini Hanya Untuk Permohonan Baru Sahaja *(This Form Is For New Application Only)*
Sila Pastikan Borang Permohonan Dan Dokumen Sokongan Adalah Lengkap
(Please Ensure The Form And The Supporting Documents Are Complete)
Permohonan Yang Tidak Lengkap Tidak Akan Diproses *(Incomplete Application Will Not Be Processed)*
 * Potong Jika Tidak Berkenaan *(* Delete if Necessary)*

Sila Tandakan [✓] Dalam Kotak Yang Berkaitan. Pilih SATU Sahaja

Kegunaan CPF
CPF Use

(Please Tick [✓] In The Relevant box. Choose ONE Only)

<input type="checkbox"/> Lesen Racun Jenis A [Ahli Farmasi] <i>(Poisons Licence Type A (Pharmacist))</i>	
<input type="checkbox"/> Runcit <i>(Retail)</i>	<input style="width: 80px; height: 20px;" type="text"/>
<input type="checkbox"/> Borong <i>(Wholesale)</i>	<input style="width: 80px; height: 20px;" type="text"/>
<input type="checkbox"/> Borong & Runcit <i>(Wholesale & Retail)</i>	<input style="width: 80px; height: 20px;" type="text"/>
<input type="checkbox"/> Lesen Racun Jenis B [Pemborong] <i>(Poisons Licence Type B [Wholesaler])</i>	
<input type="checkbox"/> Import & Borong <i>(Import & Wholesale)</i>	<input style="width: 80px; height: 20px;" type="text"/>
<input type="checkbox"/> Jualan Borong <i>(Wholesale)</i>	<input style="width: 80px; height: 20px;" type="text"/>
<input type="checkbox"/> Import & Menggunakan <i>(Import & Use)</i>	<input style="width: 80px; height: 20px;" type="text"/>
<input type="checkbox"/> Import / Jual Makanan Ternakan (Feedmiller) <i>(Import/Sale of Animal Feed [Feedmiller])</i>	<input style="width: 80px; height: 20px;" type="text"/>
<input type="checkbox"/> Lesen Racun Jenis E [Import & Menggunakan Natrium Hidroksida (NaOH)] <i>(Poisons Licence Type E [Import & Use Sodium Hydroxide (NaOH)])</i>	<input style="width: 80px; height: 20px;" type="text"/>
<input type="checkbox"/> Permit Membeli, Menyimpan dan Menggunakan Natrium Hidroksida (NaOH) <i>(Permit to Purchase, Store and Use Sodium Hydroxide [NaOH])</i>	<input style="width: 80px; height: 20px;" type="text"/>

A MAKLUMAT AM (GENERAL INFORMATIONS)

1 Nama Pemohon (Applicant's Name):	<input style="width: 80px; height: 20px;" type="text"/>
2 * Jantina <i>(Gender)</i> : Lelaki <i>(Male)</i> / Perempuan <i>(Female)</i>	
3 No KP Pemohon <i>(Applicant's IC Number)</i> :	<input style="width: 80px; height: 20px;" type="text"/>
4 No Passport [Bukan Warganegara Malaysia]	<input style="width: 80px; height: 20px;" type="text"/>
<i>(Passport No :For Non Citizen)</i>	
5 Nama Syarikat / Perniagaan:	<input style="width: 80px; height: 20px;" type="text"/>
<i>(Company/Business Name)</i>	
6 Alamat Syarikat/Perniagaan:	<input style="width: 80px; height: 20px;" type="text"/>
<i>(Company/Business Address)</i>	

B MAKLUMAT PEMOHON (APPLICANT'S INFORMATION)

- 7 Kelayakan Akademik. Untuk permohonan Lesen Racun Jenis B /E / Permit NaOH :
(Sila sertakan salinan sijil kelayakan)
(Academic Qualification. For Poisons Licence Type B / E / NaOH Permit)
(Please attach the academic qualification certificate)
- 8 Jawatan Pemohon:
(Applicant's Designation)
- 9 No Pendaftaran Ahli Farmasi Untuk (Permohonan Lesen Racun Jenis A sahaja) :
(Pharmacist Registration No [For Poisons Licence Type A Application only])
- 10 No Sijil Pengekalan Tahunan Ahli Farmasi (Tahun Semasa):
(Untuk Permohonan Lesen Racun Jenis A sahaja)
(Current Annual Retention Certificate No [For Poisons Licence Type A Application only])
- 11 Alamat Rumah :
(Home Address)
- 12 No Tel (Rumah): No Tel (Bimbit): E-mel:
Tel No (Home) (Mobile No) (E-mail)
- 13 Bukan Warga Negara Malaysia (*Non Citizen*)
- i. No Permit Kerja. Sila Sertakan Salinan Permit
(Working Permit. Please Attach A Copy of The Permit)
Tempoh Sah Permit Kerja (*Validity of the Working Permit*):
Dan/Atau (*And/Or*)
- ii. No KP Pemastautin Tetap (*Permanent Residents IC No*):
- 14 Keperluan Khas Sabah/Sarawak [Jika Berkaitan] (*Special Requirement for Sabah/Sarawak [If Applicable]*)
- i. No Permit Kerja. Sila Sertakan Salinan Permit
(Working Permit. Please Attach A Copy Of The Permit)
Tempoh Sah Permit Kerja (*Validity of the Working Permit*):

C MAKLUMAT SYARIKAT / PERNIAGAAN (COMPANY/BUSINESS INFORMATIONS)

- 15 Nama Pada Papan Tanda:
(Name On The Sign Board)
- 16 No Tel: No Faks: E-mel:
(Tel No) (Fax No) (E-mail)
- 17 No Lesen Perniagaan Tahun Semasa dengan Pihak Majlis Tempatan :
(Current Business Licence No With The Local Town Council)
- 18 No Pendaftaran Syarikat / Perniagaan :
(Company/Business Registration No)
- 19 Hari & Waktu Bekerja Syarikat / Perniagaan:
(Company/Business Operating Hours)

D MAKLUMAT STOR (STORE INFORMATION)

- 20 Alamat Stor Racun, jika berlainan dari no 5. Maksimum 3 stor berlainan sahaja dibenarkan di dalam negeri yang sama)
(Poison Store Address, if different from no 5. Maximum of Three (3) Different Stores Allowed Within the Same State)

21 Stor 1 (*Store 1*):

i. Alamat (*Address*):.....

.....

No Tel (*Tel No*): No Faks (*Fax No*):

ii. Nama Penjaga Stor (*Storekeeper's Name*):

No KP (*IC No*):

No Tel Bimbit (*Mobile No*):

Stor 2 (*Store 2*):

i. Alamat (*Address*):.....

.....

No Tel (*Tel No*): No Faks (*Fax No*):

ii. Nama Penjaga Stor (*Storekeeper's Name*):

No KP (*IC No*):

No Tel Bimbit (*Mobile No*):

Stor 3 (*Store 3*):

i. Alamat (*Address*):.....

.....

No Tel (*Tel No*): No Faks (*Fax No*):

ii. Nama Penjaga Stor (*Storekeeper's Name*):

No KP (*IC No*):

No Tel Bimbit (*Mobile No*):

E MAKLUMAT RACUN YANG DIPOHON (INFORMATION ON POISONS APPLIED)

22 Senarai Racun Yang dipohon untuk Permohonan Lesen Racun Jenis B sahaja.

Sertakan Lampiran Jika Ruang Tidak Mencukupi.

List of Poisons Applied for Poisons Licence Type B only. Please Prepare Separate Attachment if Necessary.

i.

ii.

iii.

23 Permohonan Lesen Racun Jenis E / Permit Membeli, Menyimpan & Mengguna Natrium Hidroksida (NaOH) *

*Application for Poisons Licence Type E / Permit to Purchase, Store and Use Sodium Hydroxide (NaOH) **

(a) Kuantiti NaOH (Beku) (*NaOH Quantity [Solid]*) : Kg / Tahun (*Year*)

(b) Kuantiti NaOH (Cecair) (*NaOH Quantity [Liquid]*): Kg / Tahun (*Year*)

(c) Tujuan Penggunaan (*Purpose of Use*):

**F MAKLUMAT PEMILIKAN LESEN/PERMIT TERDAHULU (JIKA BERKAITAN)
(INFORMATION ON PREVIOUS LICENCE/PERMIT, IF APPLICABLE)**

24 Nama Syarikat/Perniagaan/Institusi Dahulu :

(Name of Previous Company/Business/Institution)

25 Alamat (*Address*) :

.....

26 Jenis Lesen / Permit : A / B / E / Permit Natrium Hidroksida *

*(Type of Licence/ Permit: A / B/ E / Sodium Hydroxide Permit *)*

27 No Daftar Lesen / Permit Dahulu :

(Previous Licence/Permit Registration No)

- 28 No Siri Lesen / Permit Dahulu :
(Previous Licence/Permit Serial No)
- 29 Tarikh Sah Kuatkuasa Lesen / Permit Dahulu :
(Validity of the Previous Licence /Permit)

G PENGALAMAN KERJA TERAKHIR (LATEST WORKING EXPERIENCES)

- 30 Nama Syarikat/Perniagaan/Institusi:
(Company/Business/Institution Name)
- 31 Alamat *(Address)* :

- 32 Jawatan *(Designation)* :
- 33 Tarikh Perletakan Jawatan *(Resignation Date)* :
(Sila Sertakan Salinan Surat Perletakan Jawatan) (Please Attach A Copy of the Resignation Letter)

H DOKUMEN SOKONGAN (SUPPORTING DOCUMENTS)

Saya Sertakan Dokumen-Dokumen Berikut. [Sila Tandakan Pada Kotak Yang Berkenaan]
(I Hereby Attached The Following Documents) [Please Tick In The Appropriate box]

- 34 (i) Salinan Kad Pengenalan Pemohon / Pembantu / Penjaga Stor
(Copy of Identity Card of the Applicant / Assistant / Storekeeper)
- 35 (ii) Salinan Surat Tawaran Kerja / Perlantikan Jawatan dari Majikan
(Copy of Offer Letter / Appointment Letter From Employer)
- 36 (iii) Salinan Sijil Pengekalan Tahunan (ARC) / Pendaftaran Penuh: Bagi Permohonan Lesen Racun
 Jenis A sahaja
(Copy of Annual Retention Certificate / Full Registration: For Poisons Licence Type A Application Only)
- 37 (iv) Salinan Perakuan Perbadanan Syarikat (Borang 9 / Borang 13)
 Sijil Pendaftaran Perniagaan (Borang A dan D)
(Copy of Body Corporate Certificate (Form 9/Form 13)
(Copy of Company Registration Certificate (Form A and D)
- 38 (v) Salinan Return Giving Particulars in Register of Directors, Managers & Secretaries (Borang 49)
(Copy of Return Giving Particulars in Registers of Directors, Managers & Secretaries) (Form 49)
- 39 (vi) Salinan Return of Allotment of Shares (Borang 24)
(Copy of Return Allotment of Shares) (Form 24)
- 40 (vii) Salinan Lesen Perniagaan dengan Majlis Tempatan
(Copy of Business Licence with the Local Town Council)
- 41 (viii) Salinan Pendaftaran Pertubuhan Perbadanan (Bodies Corporate) Tahun
 Semasa (Seksyen 13 (3) Akta Pendaftaran Ahli Farmasi 1951) [Jika berkaitan]
(Copy of Current Bodies Corporate Registration Certificate under Section 13(3) of Pharmacists
Act 1951, if applicable)
- 42 (ix) Pelan Lantai Premis Farmasi & Lokasi Stor Penyimpanan Racun
(Pharmacy Premises Floor Plan & Poisons Store Location)
- 43 (x) Peta Lokasi Syarikat/Perniagaan
(Company/Business Location Map)
- 44 (xi) Salinan Surat Perletakan Jawatan Syarikat / Perniagaan / Institusi Terakhir
(Copy of Resignation Lettter from the Latest Company / Business / Institution)
- 45 (xii) Salinan Perjanjian Sewa Bangunan/ Stor *(Copy of Tenancy Agreement of Building / Store)*
- 46 (xiii) Permit Kerja Bagi Sabah/Sarawak, Jika Berkenaan
(Working Permit for Sabah/Sarawak, if applicable)

Dokumen Tambahan Bagi Bukan Warganegara Malaysia (*Other Supporting Documents for Non Citizen*)

- 47 (i) Salinan Muka Surat Passport yang Menunjukkan Butiran Pemegang Passport
(Copy of the Passport Showing the Pages with the Details of the Passport Holder)
- 48 (ii) Salinan Sijil Pendaftaran Sementara Ahli Farmasi, Bagi Permohonan Lesen Racun Jenis A sahaja
(Temporary Pharmacist Registration Certificate, for Poisons Licence Type A Application Only)
- 49 (iii) Permit Kerja (*Working Permit*)
- 50 (iv) Salinan Kad Pengenalan Pemastautin Tetap di Malaysia, jika berkenaan.
(Copy of Identify Card of Permanent Residents of Malaysia, if applicable)

Dokumen Tambahan Untuk Permohonan Lesen Racun Jenis B / E/ Permat NaOH

(Other Supporting Documents for Poisons Licence Type B / E / NaOH Permit)

- (i) Salinan Sijil Kelayakan Akademik (*Copy of Academic Qualification Certificate*)

I BAYARAN & PERAKUAN (PAYMENT & DISCLAIMER)

- 51 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 "*

- 52 Saya dengan ini mengakui akan (*I hereby declare that I*):
- i (a) Menyediakan tempat khas untuk menyimpan bahan racun lengkap dengan papan tanda 'RACUN' dalam Bahasa Malaysia dan Bahasa Inggeris (*Will prepare a special area to store poisons complete with the sign board written POISONS in Bahasa Malaysia and English*)
- (b) Menyediakan semua rekod dan dokumentasi (*Will prepare all the records and documentations*)
- (c) Merekod semua pembelian/import dan penjualan/eksport bahan racun mengikut Akta yang berkuatkuasa (*Record all the transaction on purchase / import and sale / export of all poisons in accordance to the laws and regulations enforced*)
- ii Bahawa semua keperluan, peraturan, syarat serta kelulusan daripada Pihak Berkuasa Tempatan, Jabatan Bomba dan Penyelamat, Jabatan Alam Sekitar, Jabatan Keselamatan dan Kesihatan Pekerja dan lain-lain Agensi Kerajaan telah dipenuhi dan dipatuhi berhubung dengan permohonan ini.
(Will comply to all the requirements, rules, terms and conditions imposed by the Local Authority, Fire and Rescue Department, Department of Environment, Department of Occupational Safety and Health and other Government Agencies)
- iii Bertanggungjawab sepenuhnya ke atas semua urusan berhubung dengan pengendalian bahan racun.
(Fully responsible on all the matters pertaining to handling of poisons)
- iv Saya adalah kakitangan yang bekerja di syarikat yang beralamat tersebut di atas. Saya tidak memegang sebarang lesen racun dimana-mana syarikat / perniagaan / institusi lain
(I declare that I am the employee of the company as stated above. I declare that I did not hold any poisons licence in any other company / business / institution)

- v Lesen/Permit asal akan diserahkan kepada Pegawai Pelesenan jika :-
(Original licence/permit will be surrendered to the Licensing Officer if)
 (a) Tamat perkhidmatan / Meletak jawatan *(Services being terminated / resign)*
 (b) Permohonan tambahan racun bagi Lesen Racun jenis B
(Apply for additional poison to be added into the type B Poisons Licence)
 (c) Permohonan tambahan kuantiti Natrium Hidroksida (NaOH)
(Apply for additional quantity of Sodium Hydroxide [NaOH])
- vi 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
(All information provided are true and the Department deserves the right to reject the application if found otherwise. The Department also deserves the right to cancelled the licence / permit if it is found not complied with the conditions of the application)

Tandatangan Pemohon:	Tandatangan Majikan:
<i>(Applicant's Signature)</i>	<i>(Employer's Signature)</i>
Nama Pemohon:	Nama Majikan:
<i>(Applicant's Name)</i>	<i>(Employer's Name)</i>
Cop Rasmi:	Cop Rasmi:
<i>(Official Stamp)</i>	<i>(Official Stamp)</i>

J 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 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 of 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)