

## **REQUIREMENTS FOR PHARMACY EMBLEM**

1. PREMISES REGISTRATION CERTIFICATE
2. SUPERINTENDENT PHARMACIST'S ANNUAL LICENCE.
3. WHERE PHARMACIST DIRECTOR IS NOT SUPERINTENDENT PHARMACIST ANNUAL LICENCE OF PHARMACIST DIRECTOR.
4. CERTIFIED TRUE COPY OF FORM C.O.7 SHOWING PARTICULARS OF DIRECTOR.
5. CERTIFIED TRUE COPY OF FORM C. O. 2 OR MEMO.
6. WITNESS MUST SIGN ON THE APPLICATION FORM.
7. WITNESS MUST OWN AN EMBLEM & MUST BE YOUR ZONAL CO-ORDINATOR
8. A PASSPORT PHOTOGRAPH (COLOURED)
9. 3 PHOTOCOPIES OF FILLED FORM
10. EVIDENCE OF PAYMENT OF ANNUAL DUES FOR TWO YEARS FOR OLD OUTLET
11. A ZONAL CLEARANCE

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**PHARMACEUTICAL SOCIETY OF NIGERIA  
EMBLEM AGREEMENT FORM**

THIS AGREEMENT is made the ..... and of..... 2.....

BETWEEN [1] \_\_\_\_\_  
[2] \_\_\_\_\_  
[3] \_\_\_\_\_  
[4] \_\_\_\_\_

PHARMACEUTICAL SOCIETY OF NIGERIA: Representing the National Council of Pharmaceutical Society of Nigeria, a professional body incorporated in Nigeria with perpetual succession and having its registered office at 32, Faramobi Street Anthony Village, Lagos State [hereinafter referred to as the "SOCIETY" which expression shall whenever the context so admits include its successors intitle and assigns] of the one part.

AND \_\_\_\_\_  
**PHARMACIST OWNER**  
-----  
UNDER **SUPERINTENDENT PHARMACIST**  
-----  
OF \_\_\_\_\_  
[NAME AND ADDRESS OF PHARMACY] of the other part.

1. WHEREAS the Society has caused to be registered with the Registrar of Patents and Designs, a pharmaceutical sign which shall hereafter be referred to as the "EMBLEM".
2. WHEREAS for the purpose of differ entitling between a property run pharmaceutical establishment with a full qualified and registered pharmacist in attendance and other patent medicine stores, it is necessary to display the "EMBLEM" of the Society.

WHEREAS the display of the "EMBELM" is meant to enhance the image of Pharmacy in the country and to serve as guide to the general public in furtherance of [2] above.

NOW WITNESSETH IT IS HEREBY AGREED AS FOLLOWS: In consideration of the fee of **₦25,000.00 [Twenty-Five Thousand Naira Only]** paid by the applicant to the Society and a further promise to pay annually a royalty fee of One Thousand Naira only (N1,000.00) or as may be determined from time to time, the applicant shall have for his use, display and identification purpose a complete pharmaceutical sign – "EMBLEM" on terms and conditions set out below, that is to say:-

- [a] **An application for the "EMBLEM" will only be considered by the Council of the Society from financial and active members of the Pharmaceutical Society of Nigeria.**
- [b] **The applicant must be a full-time practicing pharmacist and registered with the Pharmaceutical Society of Nigeria.**

- [c] (i) The “EMBLEM” remains the property of the Pharmaceutical society of Nigeria and the applicant is only permitted the use of it by way of DISPLAY in furtherance of the objectives set out in the recital to this agreement.
- (ii) The “EMBLEM” is not transferable from one registered pharmacist to the other without the written approval of the Council of the Pharmaceutical Society of Nigeria.
- [d] The applicant will be responsible for the reaction, illumination and maintenance of the “Emblem” as long as it remains in his possession and will also be responsible for the cost of a replacement in case of any damage to it from any cause whatsoever.
- [e] If at any time applicant ceases to be a financial member of the Society, i.e. falling to pay his annual subscription he shall first be given thirty days notice to pay up after which the Council will have the right to stop the applicant from further use of the Emblem by way of display. If the applicant at a later date pays the subscription and other arrears, then the Council will officially inform him of his right to resume the use by display of the Emblem at his normal place of practice.  
This same condition shall apply if the applicant falls to pay his Emblem Royalty Fee [E.R.F].
- [f] If the Superintendent Pharmacist leaves the pharmaceutical premises whose address is stated in the recital to this agreement by reason of resignation or otherwise, his name MUST be removed from the Emblem and replaced with the name of the NEW Superintendent Pharmacist within two weeks.
- [g] The Emblem must be returned by the applicant to the National Secretariat of the Pharmaceutical Society of Nigeria through her agent, Association of Community Pharmacists of Nigeria (National) within four weeks of closure or transfer of ownership of the pharmacy premises.
- [h] An application shall be made on the form as set out in the schedule hereto which shall be an integral part of the Agreement.
- [i] On receipt of the completed agreement and application by the Council, the applicant shall submit to an inspection of his pharmaceutical premises by representatives of the Pharmaceutical Society of Nigeria.
- [j] The applicant agrees to abide by any further rules, regulations, convenience and conditions regarding the use of the “EMBLEM”, as stipulated by the Society from time to time.

**Emblem page three**

IN WITNESS THEREOF the parties to this Agreement have set their hands and seals the day and year first written above.

SIGNED and SEALED by

S I G N A T U R E: -----

TEL. NO:

IN THE PRESENCE OF

PHARMACIST.

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-----  
-----  
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ADDRESS.

**The seal of the Pharmaceutical Society of Nigeria in the presence of:-**

<p>1.     <b>NAME:</b> _____</p> <p>          <b>POST:</b></p> <p>          _____</p> <p><b>SIGNATURE/DATE.</b>_____</p>
--

<p>2.     <b>NAME:</b> _____</p> <p>          <b>POST:</b> _____</p> <p><b>SIGNATURE/DATE.</b>_____</p>
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<p>3.     <b>NAME:</b> _____</p> <p>          <b>POST:</b> _____</p> <p><b>SIGNATURE/DATE.</b>_____</p>
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<p>4.     <b>NAME:</b> _____</p> <p>          <b>POST:</b> _____</p> <p><b>SIGNATURE/DATE.</b>_____</p>
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