



# *KIRIBATI SHIP REGISTRY*

## **Order on a Druggist**

Issued in accordance to the World Health Organisation (WHO)  
International Medical Guide

### **Part A – Druggist information**

Name and Address of Druggist:

### **Part B – Vessel information**

Name of Vessel:

IMO number:

Official number:

Please replenish the medicines and medical stores of the above vessel in accordance with Table I / II / III / IV\* as set out in Annex I of Marine Circular No. 1 – 2008 as applicable to a vessel with the following conditions:

Vessel type:

Voyage duration:

No. of persons on board:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Master / Owner

\*delete as appropriate



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## **Part C – Certificate verified by registered Pharmacist**

I have inspected the ship's medical chest and have replenished the medicines and medical stores in accordance with the above instructions.

I hereby certify that the contents in the ship's medical chest are in a satisfactory condition and are in accordance with Marine Circular No. 1 – 2008 except for the items listed below.

Items not supplied:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of registered Pharmacist

## **Part D – Certificate verified by Flag Administration**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Deputy Registrar  
Kiribati Ship Registry

### Notes:

1. Reference should always be made to Marine Circular No. 1 – 2008.
2. Part C is to be completed by a registered Pharmacist and thereafter submitted to the Kiribati Ship Registry by the Master / Owner.
3. If the medicines and medical stores cannot be replenished fully in accordance with Marine Circular No. 1 – 2008, then the items that are short supplied need to be listed in Part C and the Master should be notified.
4. This form will be returned to the Master after verified by the Kiribati Ship Registry.