

Application Fee Payment

- Registration related payments should be made to the PSI by electronic funds transfer until further notice.
- If you are applying for Continued Registration and wish to pay by credit or debit card, you can do this by logging on to the PSI's online registration portal and paying online. The PSI cannot process other credit or debit card payments at this time. **Please do not send credit or debit card details by email.**
- Please do not post cheques or bank drafts to the PSI until further notice
- Please complete the section(s) below and return the completed form to the PSI **by email** when the fee has been paid.
- The PSI appreciates your understanding and co-operation at this time.

Section A1: Application Type and Fee

	Application Type	Fee to be Paid
<input type="checkbox"/>	Pharmacist First Registration – National Route	€540
<input type="checkbox"/>	Pharmacist First Registration – EU Route	€540
<input type="checkbox"/>	Pharmacist First Registration – Third Country Route	€540
<input type="checkbox"/>	Pharmacist Qualification Recognition – Third Country	€1,500
<input type="checkbox"/>	Pharmacist – Continued Registration	€380
<input type="checkbox"/>	Pharmaceutical Assistant – Continued Registration	€190
<input type="checkbox"/>	Pharmacist Registration – Restoration (following Voluntary Cancellation)	€540
<input type="checkbox"/>	Pharmacist Registration – Restoration (following Involuntary Cancellation)	€710
<input type="checkbox"/>	Pharmaceutical Assistant – Restoration	€270
<input type="checkbox"/>	Pharmacist – Confirmation of Registration	€85
<input type="checkbox"/>	Retail Pharmacy Business – First Registration	€3,325
<input type="checkbox"/>	Retail Pharmacy Business – First Registration ('Fast Track' Application)	€4,325
<input type="checkbox"/>	Retail Pharmacy Business – Continued Registration	€2,135
<input type="checkbox"/>	Retail Pharmacy Business – Temporary Relocation	€950
<input type="checkbox"/>	Retail Pharmacy Business – Material Change	€200
<input type="checkbox"/>	Nomination of Supervising or Superintendent Pharmacist	€85
<input type="checkbox"/>	Internet Supply (Part A and B)	€160
<input type="checkbox"/>	Replacement Certificate	€85
<input type="checkbox"/>	Other (please specify):	€

Section A2: Payment of Application Fee (*complete relevant sections*)

Pharmacy trading name	
Registration number (<i>if applicable</i>)	

Pharmacist / Pharmaceutical Assistant Name	
Registration number (<i>if applicable</i>)	
Company Name (<i>for Internet Supply – Part B</i>)	
Company Number	

Section A3: Bank Transfer/EFT Details

IMPORTANT INFORMATION:

1. If you are making payment by bank transfer, you must complete this section of the form.
2. In order to identify your payment, you must use a unique payment reference that corresponds directly to your pharmacy. General references such as “PSI” or “First Registration” will not be accepted.
3. If the PSI cannot identify your payment, your application form will be returned as incomplete.
4. Payment must reach the PSI’s bank account within 5 days of submitting your application form.

PSI Bank Details

Bank Name and Address: AIB - 1-4 Baggot Street Lower, Dublin 2

Account Name: The Pharmaceutical Society of Ireland

IBAN: IE44 AIBK 9310 1264 8400 53

BIC: AIBKIE2D

Payer name (Individual or company name)	
Payment reference (See number 2 above)	
Amount paid	
Date payment was made	
Name of person to contact in the event of a query	
Contact telephone number	

Please return this form by email to:

FinanceUnit@psi.ie

The Pharmaceutical Society of Ireland

Phone: (01) 2184000

Fax: (01) 2837678

Website: www.PSI.ie

Data Protection: The PSI takes its data protection obligations seriously. All personal information submitted by you will be treated in accordance with Data Protection legislation. Please review the Data Protection Statement (bit.ly/PSIDataProtection) on our website for details of our use of your information and your rights in relation to this.