Form V
(*Regulation* 6(1))

The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)

The Medicines and Allied Substances (Certificate of Registration) Regulations, 2017

ANNUAL RETURN ( ) NO CHANGE RETURN ( )

PART I: PARTICULARS OF CERTIFICATE HOLDER

Name of business: ……Certificate of Registration No…… Date of Issue……...…

Name of Pharmacist/Responsible person…….……...

Name of business: ……
Certificate of Registration No…… Date of Issue……...……
Name of Pharmacist/Responsible person……...……..

PART II: DETAILS OF RETURN

Type of Return*
Annual Return ☐ No Change Return ☐
Period of Return: 1st January 20…….. to 31st December 20…....…....
Date of Submission ……..……, 20…….

* Tick as applicable

PART III: SUMMARY OF CHANGES
(Not applicable if there is no change)

No.	Type of Change (e.g. ownership, pharmacist, Location etc.)	Previous Details	New Details
1.			
2.			
3.			

I declare that all the information I have stated is correct and truthful to the best of my knowledge and belief.

Particulars of the Person Signing on Behalf of the Applicant

(a) Name: …….

(b) Designation: ……..…..

(c) Signature: …… (d) Date: …/……/……..….*(dd/mm/yyyy)*

FOR OFFICIAL USE ONLY

Date of Submission: ……

Application No.: ……..……

Payment Receipt No.: ……

Application Complete (Proceed for Evaluation): ……

Application Deficient (Refer to applicant for additional information): ……

OFFICIAL STAMP