

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

The Medicines and Allied Substances (Pharmaceutical Licence) Regulations, 2018

	APPLICATION FOR A PHARMACEUTICAL LICENCE										
Please write in BLOCK LETTERS				Shaded fields for official use		Application No.					
					only	Dat	e/Time				
Information Required				Information Provided				1			
				AP	PPLICA	TION D	ETA	AILS			
1.	Nam	ne(s) of business									
2.		sical Address:									
3.		al Address:									
4.	Bus	iness premises									
	(a)	Tel. No.:									
	(b)	Fax:									
	(c)	Mobile Phone N	o.:								
	(d)	E-mail address:									
	PARTICULARS OF PROPRIETOR(S)/DIRECTORS(S)										
5.		Full Names	Sex	National	2	esidenti Address		Occupation	Date of Birth	NRC/ Passport No.	
6.	(a)	Has any of the l	Proprieto	rs or Direc	ctors be	een conv	ricte	d of an offence	in the past	t five (5) years?	
					•••						
		YES	ў Ц		NO						
		If Yes, please gi	ve details	S							

Barrate proprietors or Directors ever been denied issuance of a pharmaceutical licence or had it revoked? If Yes, please give details								
Cc Please tick (v) activity (fies) as applicable Manufacture Wholesale		(b) Have the proprietors or Directors ever been denied issuance of a pharmaceutical licence or						
7. Please complete as applicable Particulars Responsible Suitably Head of Quality Full names Qualifications Registration Certificate No. Address Experience Istate period Signature 8. Products to be manufactured, sold or dealt in Please indicate the proposed dosage form of medicine to be manufactured below: 1. 2. 3. 4. 5. 6. 6. 7. 8. 8. 9. 10. 9. Type of manufacture (Please tick (v)) what is applicable below) Complete manufacture Partial manufacture Partial manufacture Primary repackaging and labelling Secondary repacking and labelling Local manufacture of natural remedies 10. Attachments [a) Practicing certificate for the responsible person [b) Contract of employment of the responsible with applicant [c) Site Master File (d) Certificate of Registration/Incorporation of applicant DECLARATION I declare that the information I have stated is correct and truthful to the best of my knowledge and		(c)	Please tick ($$) acti	vity (ies) as applic	cable Manufacture	······	Wholesale \square	
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I declare that the information I have stated is correct and truthful to the best of my knowledge and								
		DEC	LARATION					

	Name	Designation						
	Signature	Date						
FOR OFFICIAL USE ONLY								
Date	Date of submission:							
Appl	Application Number:							
Application in order (proceed for inspection):								
Application deficient (notify applicant on deficiencies):								
	Director-	OFFICIAL STAMP						