



Form VII
(Regulation 9(1))
(To be completed in triplicate)

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

The Medicines and Allied Substances (Importation and Exportation) Regulations, 2017

APPLICATION FOR AMENDMENT OF PERMIT			
Please complete in block letters	Shaded fields for official use only	Licence No. Application No. Date and Time	
<i>Information Required</i>	<i>Information Provided</i>		√
PART I: PARTICULARS OF APPLICANT			
1.	Licence No.:		
2.	Name (s) of applicant:		
3.	Business address (Head Office):		
4.	(a) Telephone No.:		
	(b) Fax No.:		
	(c) Operations		
	(d) E-mail address		
PART II: PARTICULARS OF AMENDMENT			
	No.	CURRENT INFORMATION	DESCRIPTION OF AMENDMENT(S)
			REASONS FOR AMENDMENT
	1.		
	2.		
	3.		
	4.		
	5.		
6.	Attachment(s)		
	Attach supporting document(s) where applicable		
	1.		
	2.		
	3.		
PART III: DECLARATION AND SIGNATURE			
<p>I declare that the information I have stated in this application is correct and truthful to the best of my knowledge and belief. I acknowledge that making a false or misleading statement in connection with a medicine or allied substance is an offence punishable by fine or imprisonment.</p> <p>(a) Name:</p> <p>(a) Name:</p> <p>(b) Designation:</p> <p>(c) Signature: Date:/...../..... (dd/mm/yyyy)</p>			
FOR OFFICIAL USE ONLY			
Date of Submission:			
Application No.:			
Payment Receipt No.:			
Application Complete (Proceed to issue)			
Application Deficient (Notify applicant on deficiencies):			
<div style="border: 1px solid black; padding: 5px; display: inline-block;">OFFICIAL STAMP</div>			