



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

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

APPLICATION FOR TRANSFER OF CERTIFICATE OF REGISTRATION			
	Shaded fields for official use only	Application No.	
		Date/Time	
<i>Information Required</i>	<i>Information Provided</i>		√
<b>PART I – DETAILS OF CURRENT CERTIFICATE HOLDER</b>			
1.	<b>Name of Business</b>		
	(a) PACRA Registration No.		
	(b) TPIN		
	(c) Physical Address:		
	(d) Postal Address:		
	(e) District:		
	(f) Province:		
	(g) Telephone:		
	(h) Fax Number:		
	(i) Mobile:		
	(j) E-mail:		
<b>PART II – DETAILS OF PROSPECTIVE CERTIFICATE HOLDER</b>			
2.	(a) PACRA Registration No.		
	(b) TPIN		
	(c) Physical Address:		
	(d) Postal Address:		
	(e) District:		
	(f) Province:		
	(g) Telephone:		
	(h) Fax Number:		
	(i) Mobile:		
	(j) E-mail:		
<b>PART III – DECLARATION AND SIGNATURE</b>			
I declare that all the information I have stated is correct and truthful to the best of my knowledge and belief.			
<b>Particulars of the person signing on behalf of the Applicant</b>			
	(a) Name: .....		
	(b) Designation: .....		
	(c) Signature: .....		
	(d) Date: ...../...../.....(dd/mm/yyyy)		
<b>PART IV - ENCLOSURES</b>			
Evidence of transfer between certificate holder and the prospective certificate holder			
<b>FOR OFFICIAL USE ONLY</b>			
Date of Submission: .....			
Application No.: .....			
Payment Receipt No.: .....			
Application Complete (Proceed for Evaluation): .....			
Application Deficient (Refer to applicant for additional information): .....			
			OFFICIAL STAMP