



ZAMBIA MEDICINES REGULATORY AUTHORITY

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

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

APPLICATION FOR RENEWAL OF PHARMACEUTICAL LICENCE			
Please complete in block letters	Shaded fields for official use only	Application No. Date and Time	
<i>Information Required</i>	<i>Information Provided</i>		√
PARTICULARS OF APPLICANT			
1.	Licence No.:		
2.	Name(s) of business:		
3.	Postal Address:		
4.	Business Premises:		
	(a) Telephone No.:		
	(b) Fax No.:		
	(c) Mobile phone No.:		
	(d) E-mail address:		
5.	Attachments		
	Report of activities undertaken in the past two years		
DECLARATION			
I declare that the information I have stated is correct and truthful to the best of my knowledge and belief.			
..... Name	 Designation	
..... Signature	 Date	

FOR OFFICIAL USE ONLY

Received by: Receipt No:

Amount received:

.....

Director-General

OFFICIAL
STAMP