



**AWTORITA'  
DWAR IL-MEDIĊINI**

**APPLICATION FOR VARIATION TO A PHARMACY LICENCE**

## SECTION A

Where appropriate, please complete blank sections with the words "not applicable"

Company name: _____	Name and address of Pharmacy, including address of any store used in connection with the dispensary (if different to licence holder):
Licence holder address: _____	_____
_____	_____
_____	_____
Licence number: _____	_____
Contact: _____	_____
Telephone number: _____	Tel number : _____
Fax number: _____	Fax number: _____
Email address: _____	Email address: _____

## SECTION B

<b>PROPOSED VARIATION</b> (tick against the appropriate change required)
<b>1.</b> Change in the name and/or address of the licence holder

Name Surname, place of residence and I.D. of applicant  <i>In case of a company, details re. Officials and Directors are to be annexed</i>	<b>Present Licencee</b>	<b>Proposed Licencee<sup>1</sup></b>
Is proposed licensee a medical practitioner, dental surgeon and/or a veterinary surgeon?		
Name, Address Qualifications and Reg. No. of Managing Pharmacist (declaration by Managing Pharmacist is to be attached).		
Signature of Applicant and Date	<b>Present Licencee</b>	<b>Proposed Licencee</b>

<b>2.</b> Change in name of pharmacy
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PRESENT	PROPOSED

**3. Change in site of pharmacy**

PRESENT	PROPOSED <sup>2</sup>

**SECTION C**

**BACKGROUND** *(please give brief background explanation for the proposed changes to your licence)*

I hereby make application for the above Pharmacy Licence to be varied in accordance with the proposals given above and certify that the changes will not adversely affect the quality, efficacy or safety of any medicinal product on the premises. I declare that amended documents have been supplied and that the supporting information is correct. I declare that all changes have been identified and that there are no other changes in the amended documentation.

**Main Signatory** \_\_\_\_\_ Status (Job title) \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

*Please submit the following documentation as required:*

<sup>1</sup> Police conduct certificate of proposed licensee

<sup>2</sup> Sketch and site plan of new premises and MEPA Permit

<sup>3</sup> Declaration from architect stating walking distance of proposed site from a) current site; b) other pharmacies in the same locality and neighbouring localities and c) any address for a pending application of a pharmacy as may be requested.