



**AWTORITA'  
DWAR IL-MEDIĊINI**

**APPLICATION FOR A PHARMACY LICENCE FOR MEDICINAL  
PRODUCTS FOR HUMAN USE**

**SECTION A:**

**GENERAL INFORMATION**

**1a NAME OF PROPOSED LICENCE HOLDER**

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**1b LICENCE NUMBER (if known)**

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**2a ADDRESS OF PROPOSED LICENCE HOLDER**

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**2b CONTACT ADDRESS FOR COMMUNICATION (if different  
from above)**

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**3 LICENCE HOLDER CONTACT**

Surname \_\_\_\_\_

Initials \_\_\_\_\_

Title \_\_\_\_\_

**ADDRESS IF DIFFERENT FROM QUESTION 2a**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**SECTION B**

**SITE INFORMATION**

**4a NAME OF PHARMACY**

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**4b SITE ADDRESS OF PHARMACY**

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**4c SITE CONTACT**

Surname \_\_\_\_\_

Initials \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

**4d ARE ANY OTHER ACTIVITIES BEING PROPOSED BESIDES THE SALES OF DRUGS?**

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**4e PLAN OF PREMISES**

On a separate sheet of paper please provide a comprehensive description of the layout and operation of premises available for the storage and dispensing of medicinal products.

**5 THE MANAGING PHARMACIST**

Please give the following details of the person who is to carry out the functions of the Managing Pharmacist

**5a Surname** \_\_\_\_\_  
**Initials** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**Registration Number** \_\_\_\_\_

**5b BUSINESS ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_

**Home Telephone Number** \_\_\_\_\_  
**Business Telephone Number** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

**5c DATE OF BIRTH** \_\_\_\_\_

**Signed(nominee):**

**Date:**

**5d I confirm that the above particulars are to the best of my knowledge and belief accurate and true.**

**Signed(licence holder):**

**Date:**

## SECTION D

## DECLARATION

I/We apply for the grant of a Pharmacy Licence to the proposed holder named in this application form in respect of the activities to which the application refers, and undertake that:

1. The activities are to be only in accordance with the information set out in the application or furnished in connection with it.
2. As licence holder, I am not a medical practitioner, dental surgeon or veterinary surgeon, nor do I have any business agreement with any of these professionals.
3. I am not in possession of another pharmacy licence.
4. To participate in any national pharmaceutical distribution or dispensing system that the Minister of Health may at any time wish to introduce.
5. The licence is to be subject to all the Standard Provisions applicable to Pharmacy Licences under regulations for the time being in force.
6. To the best of my knowledge and belief the particulars I have given in this form are correct and complete.

**Signed:**

**Date:**

**Name:**

(BLOCK CAPITALS)

State capacity in which signed:

## **ANNEX A – DOCUMENTS TO BE ATTACHED WITH APPLICATION**

1. Site Licence(if available)
2. Curriculum Vitae of Managing Pharmacist
3. Declaration of Managing Pharmacist(*refer to Annex B*)
4. Police conduct of Managing Pharmacist
5. Police conduct of Applicant
6. Site plan
7. Premises plan
8. Declaration from architect stating distance from other pharmacies in the same locality and neighbouring localities.

### **If the applicant is representing a company:**

9. Memorandum and Articles of Company
10. Letter from company directors authorizing applicant to be licence holder

**Please note that a MEPA permit must be supplied by applicant before pharmacy licence is issued.**

**ANNEX B – MANAGING PHARMACIST DECLARATION FORM**

I, \_\_\_\_\_ (Pharmacist registration number: \_\_\_\_\_) declare that I am the managing pharmacist for :

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I undertake to inform the Medicines Authority in writing of any replacement and/or locum pharmacists that may substitute me as the need arises. A signed declaration shall also be submitted when my duties at the above mentioned pharmacy are terminated.

Signature:

Date:

