



MALTA

**MEDICINES  
AUTHORITY**

**IN009/09 Appendix 1 Version 01**  
**APPLICATION FOR**  
**QUALIFIED PERSON (QP) ELIGIBILITY**

**Surname** \_\_\_\_\_

**Name** \_\_\_\_\_

**Applying for eligibility as QP for the following categories:** (*Tick the appropriate boxes*)

- Non-sterile solid dosage forms
- Non-sterile semi-solid dosage forms
- Non-sterile liquid dosage forms
- Sterile products (*If ticked please specify type of products*):
  - Aseptically prepared
  - Terminally sterilised
- Medicinal gases
- Medicinal products of human blood or tissue origin (including ATMPs)
- Repackaging/relabelling operations only
- Non-sterile pressurised preparations
- Non-sterile transdermal patches
- Non-sterile radionuclide generators
- Others – (*please specify*) : \_\_\_\_\_

**Home address:**

Name/No. \_\_\_\_\_

Street \_\_\_\_\_

Locality \_\_\_\_\_

Country \_\_\_\_\_

Post code \_\_\_\_\_

Email address \_\_\_\_\_

Telephone number \_\_\_\_\_ Mobile number \_\_\_\_\_

**Professional Association(s):**

---

---

---

**Current employment details including position held:**

---

---

---

---

**Attach a detailed Europass curriculum vitae listing all qualifications and work experience and proof of payment of fee to this application.**

*The Malta Medicines Authority will process your personal data in accordance with the provisions of the General Data Protection Regulation (GDPR) 2016/679/EU and the Data Protection Act (Chapter 586 of the Laws of Malta) for the purpose of granting Qualified Person Eligibility and in the event that such an eligibility is granted to maintain it. No personal data will be divulged to third parties unless you have specifically given your consent or where disclosure is necessary to comply with a legal obligation. You may exercise the right of access to the data held about you by submitting a written request to the Authority. In the event that your personal data in our possession is inaccurate you have the right to request rectification. You also have the right to request the blocking or erasure of data where such data has been unlawfully processed.*

---

Signature of applicant

---

Date

Please refer to the detailed ‘Guidelines for submission of QP status application’ as an aid to adequately fill in this application. If you are already assigned as eligible with a competent authority kindly indicate proof of eligibility.

**An application fee of €116.47 has to be deposited in the account below and proof of payment has to be provided prior to the interview if this was not attached to your application.**

Bank account details and important notes for payment of the applicable fee are available on the authority’s website:

<http://medicinesauthority.gov.mt/procurementfinance?l=1>