

e-form

Application for a Variation to a Pharmacy License/Authorisation



To complete this form kindly note that the below documents will be requested:

In case of change to license/ authorisation holder:

- 1 Police conduct certificate of proposed license/authorisation holder or in case of company, legal and judicial representative.
- 2 In case of company Original Memorandum and Articles of Company issued by MFSA.

In case of change to pharmacy site/authorisation site:

- 1 Site plan.
- 2 An exact total footprint (floor area) declaration endorsed by an architect for the pharmacy premises. The premises plan and floor area declaration should cover all premises of the pharmacy including all areas used as clinics and any storage space connected with the pharmacy premises and thus covered by the proposed pharmacy licence.
- 3 Declaration from architect stating the exact distance measured as the shortest walking from nearest other pharmacies in the same locality and neighboring localities.
- 4 Comprehensive description of the layout and operation of premises available for the storage and dispensing of medicinal products.
- 5 A Planning Authority permit must be supplied by applicant before pharmacy license/ authorisation is issued in case of sections 3 and 4 of this form.

In case of change to managing pharmacist:

- 1 Curriculum vitae of proposed managing pharmacist.
- 2 DDA stock take signed by present and proposed managing pharmacists.
- 3 Annex A.

A proof of payment for the application form is to be provided as established by S.L. 458.46 'Medicines Authority (fees) Regulations'.

SECTION A

Where applicable, please complete blank sections with the word 'not applicable'.

1. License/Authorisation**Holder Details: 1a If****Individual:****Name:****Surname:****ID or passport
number:****1b If Company:****Name:****Company
registration number:****Legal and judicial representative of company:****Name:****Surname:****ID or passport
number:**

2. Pharmacy/Authorisation

Details: Pharmacy License/

Authorisation No.:

Name/No.:

Street:

Locality:

Postcode:

Telephone number:

Mobile number:

E-mail address:

SECTION B**PROPOSED VARIATION:*****1. Change in name and/or address of license/authorisation holder:*****Details of present****license/authorisation holder:****1a If Individual:****Name:****Surname:****ID or passport
number:****1b If Company:****Name:****Company
registration number:****Legal and judicial representative of company:****Name:****Surname:****ID or passport
number:**

Details of proposed

license/authorisation holder:

1c If Individual:

Name:

Surname:

**ID or passport
number:**

Legal address of proposed

licence/authorisation holder:

Name/ No.:

Street:

Locality:

Postcode:

1d If Company:

Name:

**Company
registration number:**

Legal and judicial representative of company:

Name:

Surname:

**ID or passport
number:**

Legal address of company: Name/ No.:

Street:

Locality:

Postcode:

1e Is proposed license/authorisation holder a medical practitioner, dental surgeon and/or veterinary surgeon or in business agreement with any of these professionals?

Is the proposed license/ authorisation holder in possession of another pharmacy licence?

Signature of present license/authorisation holder, or legal representative in case of company:

Kindly fill in the Declaration form at the following link
<http://www.medicinesauthority.gov.mt/onlineapplications>
A Declaration form should be submitted for each signatory.

Date:

Signature of proposed license/authorisation holder, or legal representative in case of company:

Kindly fill in the Declaration form at the following link
<http://www.medicinesauthority.gov.mt/onlineapplications>
A Declaration form should be submitted for each signatory.

Date:

2. Change in name of the pharmacy/

authorisation

: 2a Present pharmacy/site name:

2b Proposed pharmacy/site name:

3. Change in site of the pharmacy/authorisation:

3a Present pharmacy/authorisation address:

Name/ No.:

Street:

Locality:

Postcode:

3b Proposed pharmacy/authorisation address:

Name/ No.:

Street:

Locality:

Postcode:

**4 Addition of store to the pharmacy license/
authorisation:**

4a Proposed store address:

Name/ No.:

Street:

Locality:

Postcode:

5 Change in managing pharmacist:

5a Details of present managing pharmacist:

Name:

Surname:

**Initials and
ID card number:**

**Pharmacy Council
Registration
Number:**

Telephone number:

Mobile number:

E-mail address:

5b Details of proposed managing pharmacist:Name: Surname: Initials and
ID card number: Pharmacy Council
Registration
Number: Telephone number: Mobile number: E-mail address: **Section C**

Background (please give brief background explanation for the proposed changes to your license/authorisation).

I hereby make application for the above Pharmacy License/authorisation 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.

License/Authorisation Holder signature: Kindly fill in the Declaration form at the following link
<http://www.medicinesauthority.gov.mt/onlineapplications>
A Declaration form should be submitted for each signatory.

Print name: Status (Job title): Date:

ANNEX A- MANGING PHARMACIST DECLARATION FORM

I,

Pharmacy council
registration number:

declare that I will be the managing pharmacist for:

Proposed pharmacy
name:

Site Address of pharmacy:

Street:

Locality:

Postcode:

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:

Kindly fill in the Declaration form at the following link
<http://www.medicinesauthority.gov.mt/onlineapplications>
A Declaration form should be submitted for each signatory.

Date: