



MALTA

MEDICINES
AUTHORITY

CAN002-07 Appendix 13 Version 1

APPLICATION FOR A VARIATION TO LICENCE ISSUED
IN ACCORDANCE WITH THE
PRODUCTION OF CANNABIS FOR MEDICINAL AND RESEARCH PURPOSES
ACT (Chapter 578 of the Laws of Malta)

Variation application reference number (for office use only): <Company reference number>-VAPP
<sequential number>

Licence holder name:

Licence holder address:

Site Name / Number:

Street:

Locality:

Postcode:

Number of Licence being varied:

Contact name:

Telephone number:

Mobile number:

E-mail address:

LICENSE IN ACCORDANCE WITH THE PRODUCTION OF CANNABIS FOR MEDICINAL AND RESEARCH PURPOSES ACT (Chapter 578 of the Laws of Malta)

A number of changes may be eligible for grouping under the same variation type subject to approval by the Regulatory Authority.

Variations that are considered eligible for grouping shall be issued collectively, unless the company requests prioritised review for any of the grouped variations falling within the scope of the same variation application. In such cases, the pending variations shall be considered void under the initial variation application and transferred by the licensee to a new variation application.

Changes to the scope of a variation application shall be accepted until proof of payment is received. Variation applications shall not be processed until a valid proof of payment is provided.

PLEASE TICK ONE VARIATION TYPE ACCORDINGLY

- A1** Change(s) in company details which includes one or more of the following:
Change(s) in address of manufacturing site;
Change(s) in details of the licence holder;
Change(s) in Declaration of Source of Funds Form (Annex 3 of Application for Licence);
Change(s) in the Memorandum and Articles of Association.

A2 Change(s) in product details

A3 Change(s) in currently authorised operations

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| <input type="checkbox"/> A4 Change(s) related to persons who fall within the scope of due diligence as per Section 3.3 of GL-CAN001, other than key technical personnel ¹ |
| <input type="checkbox"/> A5 Change(s) related to the Qualified Person(s) |
| <input type="checkbox"/> A6 Change(s) related to the Responsible Person(s) – Production Manager |
| <input type="checkbox"/> A7 Change(s) related to the Responsible Person(s) – Quality Control Manager |
| <input type="checkbox"/> A8 Change(s) in supplier(s) details, cultivation site(s) and/or irradiation site(s) for starting/intermediate material and/or finished product |
| <input type="checkbox"/> A9 Change(s) in contracted-out activities |
| <input type="checkbox"/> A10 Change(s) in destination market(s) and/or client(s) details therein |
| <input type="checkbox"/> A11 Change(s) related to the Responsible Person(s) – Research and Development |
| <input type="checkbox"/> A12 Other: (please specify) |

Specify the currently licenced operations/details and proposed changes (only one variation type shall be considered per application).

| CURRENT | PROPOSED |
|---------|----------|
| | |

Please give a brief explanation for the proposed changes to your licence.

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| <p>RATIONALE</p> |
| <p>I hereby apply for the licence issued in accordance with the Production of Cannabis for Medicinal and Research Purposes Act (Chapter 578 of the Laws of Malta) to be varied in line with the proposal(s) given above and certify that the changes will not adversely affect any cannabis product(s) produced on the premises. I declare that the supporting information supplied is correct and shall submit to the Malta Medicines Authority any additional information/documents as requested.</p> |

¹ Key technical personnel shall refer to the Qualified Person(s) and Responsible Person(s) (Production Manager and Quality Control Manager)

***Licence Holder Signature:** _____

Date:

Name & Surname: _____

* In case of a company, the legal & judicial representative of the company. Please submit copy of a recent Memorandum & Articles of Association issued by MFSA in support of this.