



CAN002-08 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

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

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

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.