

CAN005-03 Appendix 1 Version 1

Scientific Consultation Request Form



Scientific Consultation Request Form

Please fill all the predefined fields as accurately as possible

Name of the Company:	
Address:	
Contact Number:	Email:
Name:	
Contact Number:	Email:
Name: Address:	
Name:	Email:
Contact Number:	
g (SCM), kindly indicate:	
CM:	
	Address: Name: Contact Number: Name: Contact Number: Name: Address:

At the time of submission of request, the following must be provided:

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- List of Questions
- Ancillary documents relating to the proposed scientific consultation request

Please give a brief explanation outlining the proposed scientific consultation request:		
I hereby declare that for the purposes of requesting scientific consultation, the provided		
supporting information and documentation is correct and shall submit any additional		
information/documents as required by the Malta Medicines Authority.		
Applicant Signature:		
	Date:	
Name & Surname:		

Please send this form to cannabis.medicinesauthority@.gov.mt

As per Subsidiary Legislation S.L. 578.01 'Production of Cannabis for Medicinal and Research Purposes (fees) Regulations' of Chapter 578 of the Laws of Malta, a fee of €200 per person/hour applies. Invoice will be issued on completion of the regulatory review relating to the scientific consultation request.

Payment of the relevant fee should be made at:

HSBC Bank Malta plc. Account No. 039-011176-002 Swift Code MMEBMTMT IBAN MT78MMEB4439200000039011176002

When effecting the payment, the amount should be remitted in full, net of all bank charges.

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