



MALTA

MEDICINES
AUTHORITY

CAN001-04 Appendix 5 Version 01
Serial Numbers Request Form

IMPORTATION AND/OR WHOLESALE DISTRIBUTION OF CANNABIS BASED PRODUCTS
OR SYNTHETIC CANNABINOID PRODUCTS IN ACCORDANCE WITH THE MEDICINES ACT
AND THE DRUG DEPENDENCE (TREATMENT NOT IMPRISONMENT) ACT

Serial numbers request form reference number: *(for office use only)* _____
<Product reference number- SNRF XXX>

Notification of Approval holder: _____

Product reference number: _____

Product name: _____

Import permit number (as applicable): _____

Pack size: _____

Total quantity of serial numbers requested: _____

Checked and collected by: _____

Signature: _____

Research and education contribution of: EUR _____ [€1 x _____ packs]

Details of payment: _____

MMA representative: _____

Signature: _____

Date: _____