



MALTA

**MEDICINES
AUTHORITY**

PHY004/03 Appendix 1A Version 1

**Application for a pharmacy license and/or
authorisation for medicinal products for human use**



e-form

Application for a Pharmacy Licence for Medicinal Products for Human Use



- *Police conduct of proposed license/ authorisation holder.*
- *Site plan.*
- *An exact total footprint (floor area) declaration endorsed by an architect for the pharmacy. 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.*
- *Declaration from architect stating the exact distance measured as the shortest walking distance, from nearest other pharmacies in the same locality and neighboring localities.*
- *Comprehensive description of the layout and operation of premises available for the storage and dispensing of medicinal products.*
- *A proof of payment for the application form as established by S.L. 458.46 'Medicines Authority (fees) Regulations'.*
- *Hard copies of the application form and all required documentation shall be sent to the Malta Medicines Authority, Life Sciences Park, San Gwann*
- *Planning Authority permit of the premises. If the applicant is a company:*
- *Original Memorandum of Articles of company issued by MFSA.*

Kindly note that any changes to the Licence Holder and/or the address of the premises will result in the application being voided. Another application would need to be submitted should any change in the above be required. Your application will be included in the waiting list for pharmacy licence and processed chronologically from the date of receipt of the latest new application.

Furthermore, applications for pharmacy licences are non-inheritable and therefore should the applicant pass away by the time the application is processed, the application will be rejected.

1. DETAILS OF PROPOSED LICENCE/AUTHORISATION HOLDER

1a. If Individual

Name

Surname

ID/Passport Number

Telephone Number

Mobile Number

Email Address

1b. If Company

Name

Company Registration
Number

Legal and Judicial Representative of Company:

Name

Surname

ID/Passport Number

Telephone Number

Mobile Number

Email Address

1c. Legal Address of Proposed Licence Holder /**Authorisation Holder****Number****Street****Locality****Country****Postcode**

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

1g. Is the proposed licence/ authorisation holder in possession of another pharmacy licence?

If Yes, Specify

Section B: Details of Proposed Premises

**Proposed Pharmacy
Name**

Name/Number

Street

Locality

Postcode

Telephone Number

Email

Section C: Additional Store for Medicinal Products (if applicable)

Name/Number

Street

Locality

Postcode

Section D: Details of Proposed Managing Pharmacist

Name	<input type="text"/>
Surname	<input type="text"/>
Initials and ID Card Number	<input type="text"/>
Registration Number	<input type="text"/>
Mobile Number	<input type="text"/>
Email	<input type="text"/>
Are you already a Managing Pharmacist at another pharmacy?	<input type="text"/>

Section E: Declarations

I/We apply for the grant of a Pharmacy license/authorisation to the proposed holder named in this application form in respect of the activities to which the application refers, and undertake that:

1. The activities are to be only in accordance with the information set out in the application or furnished in connection with it.

2. As proposed license/ authorisation holder, I am not a medical practitioner, dental surgeon or veterinary surgeon, nor do I have any business agreement with any of these professionals.

3. I am not in possession of another pharmacy licence.

4. To participate in any national pharmaceutical distribution or dispensing system that the Minister of Health may at any time wish to introduce.

5. The license/authorisation is to be subject to all the Standard Provisions applicable to Pharmacy licenses/authorisation under regulations for the time being in force and which may come into force from time to time.

6. I declare that the particulars and information I have given in this form are correct and complete.

7. I understand that any changes in the Licence Holder and/or proposed premises will result in the application becoming void. I understand that if any of these changes occur I will need to resubmit the application and all supporting documentation, and that my application will be processed in chronological order from the date of the latest application.

8. I understand that applications for a pharmacy licence are non-inheritable.

**Signature of proposed
licence holder / legal and
judicial representative**

Date

Section F: Declaration by Proposed Managing Pharmacist

I, [REDACTED]

registration number [REDACTED]

declare that I will be the Managing Pharmacist for:

Proposed
Pharmacy Name [REDACTED]

Name/Number
Street [REDACTED]

Locality [REDACTED]

Postcode [REDACTED]

I also declare that if I am acting as Managing Pharmacist of another pharmacy when the application is processed, I will resign from my duties as a Managing Pharmacist from the other pharmacy to act as the Managing Pharmacist for the proposed pharmacy mentioned in this application.

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/authorisation are terminated.

Signature of Proposed
Managing Pharmacist [REDACTED]

Date [REDACTED]