



MALTA

MEDICINES
AUTHORITY

PHY004-03 Appendix 2A v01

Variation to a Pharmacy Licence/Authorisation - Addition of a store to A Pharmacy
Premises / Change in Pharmacy Name



e-form

Variation to a Pharmacy Licence/Authorisation - Change in Licence Holder



To complete this form kindly note that the below documents will be requested:

- *Recent Police Conduct (Within 3 months) of the Proposed Licence Holder or in the case of a company, of the legal and judicial representative*
- *Proof of Payment*
- *In the case of a company, a copy of the Memorandum of Articles issued by the MFSA*

Please note that this application shall be signed using wet ink. Hard copies of the application and all other documents required for the completion of the form shall be sent by registered post to the Malta Medicines Authority, Life Sciences Park, San Gwann Malta. Kindly note that the application will be processed once all documentation is received in hard copy.



Section A: Details of Present Licence 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



Section B: Details of Proposed Licence Holder

1c. If Individual

Name

Surname

ID/Passport Number

Telephone Number

Mobile Number

Email Address

1d. If Company

Name

Company Registration
Number

Legal and Judicial Representative of Company:

Name

Surname

ID/Passport Number

Telephone Number

Mobile Number

Email Address

**1e. Legal Address of Proposed Licence 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 C: Details of Pharmacy Licence

DL Number

Pharmacy Name

Street

Locality

Postcode

Telephone Number

Email

Details of Managing Pharmacist

Name

Surname

Registration Number

Mobile Number

Email



Section D: Declarations

Declaration By Managing Pharmacist

As the managing pharmacist of the pharmacy outlined in section C, I confirm that I am aware of the change in licence holder.

Name and Surname

Registration Number

Signature

Date

Declaration By Current Licence Holder

I, the applicant declare that all information given in the application form is true, complete and correct. I also bind myself to inform immediately any change to details in the application form and annexes, where relevant, to the Malta Medicines Authority.

Name and Surname

Signature

Date



Declaration By Proposed Licence Holder

I, the applicant declare that all information given in the application form is true, complete and correct. I also bind myself to inform the Malta Medicines Authority of any changes that may affect the pharmacy licence immediately.

Name and Surname

Signature

Date