



PHY004-03 Appendix 2D v01

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

e-form

Variation to a Pharmacy Licence/Authorisation - Relocation of Pharmacy Licence



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

- *Site plan of the proposed premises*
- *Declaration from architect stating the exact distance measured as the shortest walking from nearest other pharmacies in the same locality and neighboring localities.*
- *An exact total footprint (floor area) declaration endorsed by an architect for the pharmacy premises. 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.*
- *Comprehensive description of the layout and operation of premises available for the storage and dispensing of medicinal products.*
- *Valid PA permit of Class 4B*
- *Proof of Payment*

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 Pharmacy Licence

DL Number

Pharmacy Name

Street

Locality

Postcode

Telephone Number

Email

Details of Managing Pharmacist

Name

Surname

Registration Number

Mobile Number

Email

Section C: Details of Proposed Premesis

Pharmacy Name

Street

Locality

Postcode

Telephone Number

Email

Section D: Declarations

Declaration By Managing Pharmacist

As the managing pharmacist of the pharmacy outlined in section B, I confirm that I am aware of the relocation of the Pharmacy Licence.

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