



MALTA

MEDICINES
AUTHORITY

PHY004-03 Appendix 2E 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 - Addition of a store



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

- *Site plan of the proposed premises*
- *An exact total footprint (floor area) declaration endorsed by an architect for the pharmacy store.*
- *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 Store

Number / 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 addition of a store to the Pharmacy. I understand that all the medicinal products within the store are under my responsibility. I also declare that no dispensing of medicinal products will take place from the store.

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 immediately inform the Malta Medicines Authority, in writing, regarding any change to the details in the application form and annexes.

Name and Surname

Signature

Date