



PHY004-03 Appendix 2F v01

Application for a Licensed Pharmaceutical Activity- Medical Gasses

e-form

Application for a Licensed Pharmaceutical Activity- Medical Gasses



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

- *SOP for the storage, handling, and dispensing of Medical Gasses*
- *Comprehensive description of layout declared by an Architect, indicating the area where medical gasses will be stored*
- *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: 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 Medical Gasses. I understand that the all medical gasses will be my responsibility.

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