


CAN002-09 Appendix 5 Version 1
Production of Cannabis for Medicinal and Research Purposes
Serial Numbers Request Form

# Production of Cannabis for Medicinal and Research Purposes
# Serial Numbers Request Form

***For office use only***

1. Serial numbers request form reference number: _____
2. Total QTY of serial numbers issued to Licence Holder from start of year (Regulation 4(1) of S.L. 578.01): _____
3. Date of elapse of the exemption from payment of the Research and Education Contribution for exported units (Regulation 4(2) of S.L. 578.01): <***DD/MM/YYYY***>

   _____
4. Licence number: _____
5. Standing balance of unused serial numbers at time of request: _____
6. Total QTY of serial numbers requested for export (as applicable): _____
7. Total QTY of serial numbers requested for the local market (as applicable): _____

This form is required for the supply of unique serial numbers which should be displayed on every unit product manufactured. Only serial numbers generated against payment of the Research and Education Contribution shall remain valid indefinitely until decommissioned, as otherwise a utilisation period of 6 months from date of issuance shall become applicable. Serial numbers assigned to products still pending registration shall not be commercialised until the necessary licence approvals have been granted and other applicable licence conditions have been fulfilled. Serial numbers issued during the exemption period pursuant to Regulation 4(2) of S.L. 578.01 shall not be eligible for transfer to products intended for the local market. Traceability of serial numbers across the supply chain is to be documented; this shall include keeping records of which serial numbers were supplied to which licensed operator.

The completed form should be sent to: cannabis.medicinesauthority@gov.mt

☐ I declare that the above-mentioned information is true, complete and correct and the conditions set forth are complied with.

| Name & Surname of Qualified Person | Signature | Date |
|---|---|---|
| _____ | _____ | _____ |