

Form: XIII-TAS
Regulation Section: 119 & 125

**APPLICATION FOR AUTHORIZATION
TO SELL OR DISTRIBUTE MEDICINAL PRODUCTS**

I/we hereby apply for grant/renewal* of authorization to sell by Retail/Wholesale*, medicinal products. (*Circle whichever is applicable*)

i. Proposed name of the firm:

Location:

ii. Category of medicines(*please tick the appropriate category*);

- a) Human modern/allopathic medicines
- b) Veterinary
- c) gSo-ba-Rig-pa.

iii. State the name of the Competent Person or the employee(s), who shall supervise the sale of medicinal products.

Name(s):

Competent Person Registration Number:

Application fee has been deposited to the Royal Government of Bhutan vide revenue receipt number (Please attach a copy of the receipt)

Declaration (please tick the boxes):

I hereby declare that the documents submitted above/all information provided is true to my knowledge and will be liable for any consequences if any information provided is proved to be false or misleading.

If my application is granted, I shall abide by the Medicines Act and Medicines Regulations and any other standards set by the Authority.

Signature:
Name of applicant:
Address:
Telephone No.:

Date: