

**Form:** XV-OC  
**Regulation Section:** 131

**APPLICATION FOR CHANGE OF OWNERSHIP/NAME OF PHAMACY/COMPETENT PERSON /LOCATION**

I/we .....of.....  
apply for the change of ownership/name of Pharmacy/name of Competent Person/location for the following Pharmacy. (*Circle the appropriate one*)

	Existing Names	Proposed/New Names
1.		

Application fee has been deposited to the Royal Government of Bhutan vide Revenue Receipt no ..... (*Attach copy*)

Signature of applicant:  
Name & address:

Date: .....