

Form: XIX-MFA
Regulation Section: 264

APPLICATION FOR MEDICINAL PRODUCTS FOR FIRST AID PURPOSES

I/we hereby apply for clearance to stock medicinal products for first aid purposes.

i. Name of the firm (establishment):

Location:

Number of staff/ employees:

ii. State the name and academic qualification of the focal person(s) who shall supervise medicinal products.

Name(s):

Academic Qualification:

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: