



Quality Medicines for Malawi

APPLICATION FORM

UPGRADING RETAIL PHARMACY TO MEDICINE STORE

DOC. NO.:

1. Name of Medicine Store to be upgraded _____
2. Name of Retail Pharmacy _____
3. Email address _____
4. Phone number _____
5. Postal address _____
6. Location of premises on which a Retail Pharmacy business is to be carried out (city/town, street, plot no.) include a sketch map at the back _____
7. Where the applicant is a company:
 - (a) state the registration number of company under the Act: _____
 - (b) state the name and registration number of the person under whose personal management and control affairs of the company would be subject to:
 - (i) Name: _____
 - (ii) Registration No.: _____
 - (c) attach a copy of the certificate of incorporation of the company:
8. Name and registration number of a full time pharmacy personnel having control of the premises referred to in paragraph 2 (Pharmacist):
 - (i) Name: _____
 - (ii) Registration No.: _____
9. I, the above mentioned applicant, submit herewith this application for your consideration.
Date: ____/____/____ Signature of applicant _____

NOTE: Upgrading shall only be effected upon approval

10. **FOR OFFICE USE ONLY:**
 - (a) (i) Registration fee of MK. _____ Receipt No. _____
 - (b) (ii) Inspection fee of MK _____ Receipt No. _____
 - (c) Date of inspection of premises: ____/____/____
 - (d) Remarks: _____
 - (e) Date of approval of application: ____/____/____
 - (f) Registration No.: _____

Date: ____/____/____ Signature: _____

Director General _____
Pharmacy and Medicines Regulatory Authority

All applications should be addressed to:
The Director General, Pharmacy and Medicines Regulatory Authority, P.O Box 30241,
CAPITAL CITY LILONGWE 3, MALAWI.