

CONFIDENTIAL

MEDICINES CONTROL AUTHORITY

**MEDICINES AND ALLIED SUBSTANCES CONTROL ACT [CHAPTER 15:03]  
APPLICATION FOR THE ISSUE OF A PERMIT TO SELL  
VETERINARY MEDICINES**

1. Particulars of proposed permit holder

If an individual: Full names .....  
Address (Business) .....  
Telephone number (Business) .....  
If a company: Name of company .....  
Address .....  
Telephone number .....  
Registered office .....  
Main object of the company .....  
State shareholders and distribution of shares or nominees.....  
.....

2. Particulars of directors

Name	Address
1.....	.....
2.....	.....
3.....	.....
4.....	.....
Position of applicant in the company .....	

3. Name under which business is conducted .....  
.....

4. Name(s) of agents, if any  
1.....  
2.....

5. Applicant's general dealer's licence receipt number .....

6. Local authority .....

I am familiar with the regulations and conditions relating to the sale of veterinary medicines.

Date .....  
Signature of applicant

\*Delete the inapplicable