

DANGEROUS DRUGS ACT [CHAPTER 15:02]

APPLICATION FOR ISSUE OF A LICENCE FOR PRODUCTION OF CANNABIS

This form is submitted in terms of Section 5 (1) of the Dangerous Drugs (Production of Cannabis for Medicinal and Scientific Use) Regulations, 2017.

(To be submitted in duplicate)

PART A (To be completed by individuals and sole traders)

- 1. Full name.....
- 2. Date and place of birth.....
- 3. Gender.....
- 4. Address (Home).....
.....
- 5. Email address.....
- 6. Mobile phone number.....
- 7. Present place of employment.....
.....
- 8. Position of applicant at place of employment (e.g. owner, manager, etc.)
.....
.....

PART B (To be completed by companies)

- 9. If a company: Name of company
- (a) Physical address.....
- (b) Registered Office.....
- (c) Email Address.....
- (d) State shareholders or distribution of shares
-

10. PARTICULARS OF DIRECTORS:

- (a) Full names.....
- (b) Address.....

- (c) Citizenship.....
- (d) Date of Birth.....
- (e) Gender.....

PART C (To be completed by all applicants)

- 11. Name under which business is conducted.....
- 12. Physical address of premises to be licensed.....
.....
- 13. Postal address of business.....
.....
- 14. Telephone/Mobile number of proposed site.....
- 14A. Email address.....

15. PARTICULARS OF AUTHORISED PERSON

- (a) Full name.....
- (b) Date and place of birth.....
- (c) Gender.....

16. PARTICULARS OF RESPONSIBLE PERSON

- (a) Full name.....
- (b) Date and place of birth.....
- (c) Gender
- 17. State the proposed activities.....
- 18. The substances in respect of which each activity is to be conducted.....
- 19. State the building/s within the site where the proposed activities are to be conducted (*if applicable*)
.....
.....
- 20. Have you previously held a licence to produce cannabis? YES / NO*.....
If YES, give details.....
- 21. Has any application made by you for a licence been refused or cancelled? YES/NO*.....
If YES, give details.....
- 22. Name and address of nearest police station.....
- 23. Name and approximate distance of nearest residence from premises to be licensed.....
- 24. Particulars and date of any trading or other licence held by the applicant or business.....

25. If an individual:-

(a) are you a citizen of, or ordinarily resident in Zimbabwe? YES/NO*;

(b) if YES supply proof thereof;

(e) Have you within the preceding ten years of this application been convicted inside or outside Zimbabwe of an offence involving the wrongful dealing in or supply or possession of cannabis, or of an offence involving dishonesty? YES/NO* (Attach affidavit)

(f) If YES state details.....

26. If a company:-

(a) Are the directors of the company or a majority thereof citizens or ordinarily resident in Zimbabwe? YES/NO*.....

(b) If YES supply proof thereof;

(c) If NO supply proof of exemption by the Minister;

(d) Has the company or any of the directors of the company within the preceding ten years of this application been convicted inside or outside Zimbabwe of an offence involving the wrongful dealing in or supply or possession of cannabis, or of an offence involving dishonesty? YES/NO*(Attach Affidavit).....

(e) If YES state details.....

**Delete the inapplicable*

NOTE:

1. Plans of the premises, the appropriate fee, proof of citizenship, residency or an exemption by the Minister, etc, are required to be attached to the application.
2. Copies of original documents must be properly certified.
3. If any plan document or fee required to be attached is not attached, the application cannot be accepted.
4. If insufficient space is provided in the application, attach a sheet of paper with the additional information.

I enclose **the proof of payment of the fee** of

.....

I do hereby declare that the facts herein are fully within my knowledge and to the best of my knowledge are true and correct.

Signature of applicant

Date.....

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Name and position of person in the company

