

CONFIDENTIAL

MEDICINES CONTROL AUTHORITY

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

(To be submitted in triplicate)

1. Particulars of proposed permit holder:

If an individual: Full names

Date and place of birth

Qualifications

Address: (Business)

(Home)

Telephone numbers: (Business)

(Home)

If a company: Name of Company

Physical Address

Registered office

Main object of the company

State shareholders and distribution of shares or nominees

Particulars of Directors:

Name

Address

1.

2.

3.

Position of applicant in the company

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2. Name under which business is conducted

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3. Name and address of nearest Police Station

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4. Particulars and date of trading licence or other licence relating to the business held by the applicant or business

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5. State the name of the person(s) under whose personal supervision the premises will be

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6. Have you, or any of the directors of the company, or the person under whose control the premises will be, been
Convicted of any offence relating to medicines? YES/NO*

If YES state details

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Date

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Signature of applicant