

CONFIDENTIAL

MEDICINES CONTROL AUTHORITY

MEDICINES AND ALLIED SUBSTANCES CONTROL ACT [CHAPTER 15:03]

**APPLICATION FOR THE ISSUE OF A SALES  
REPRESENTATIVES PERMIT**

*(To be submitted in triplicate)*

1. Full names .....

2. Date and place of birth .....

3. Qualifications .....

4. If registered with the Health Professions' Authority\* or the Council of Veterinary Surgeons\*, registration number .....

If you hold a Health Professions Authority practising certificate, state the number thereof .....

5. Address (Business) .....

(Home) .....

6. Telephone number (Business) .....

(Home) .....

7. Name and address of employer or principal or any company you are representing .....

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8. Position of applicant at place of employment .....

9. Have you been convicted of any offence relating to medicines? YES/NO\*

If YES state details .....

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10. State the drugs you intend to sell (attach extra list if insufficient space is provided here).....

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Date .....

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*Signature of applicant*

*\*Delete the inapplicable*