

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

Table with 2 columns: Name, Address. Rows 1-4 for directors and a row for 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