



**FORM 8**

(Reg. 16, 17, 18, 19, 20, 21, 22, 23, 25 and 64)

- Dispensary
- Wholesaler  
Trader
- Manufacture medicines and cosmetics\* (see also reverse page)
- Variation of License
- Renewal of License
- Re-submission
- Standalone Pharmacy
- Group Practice Pharmacy

Reasons for variation

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Medicines Schedules:

- Wholesaler                      Schedule 1     2     3     4
- Pharmacy                        Schedule 1     2     3     4
- Manufacturer                    Schedule 1     2     3     4
- Trader                                Schedule 4 only

Name of applicant \_\_\_\_\_  
(of person representing the company)

Address of applicant \_\_\_\_\_

My qualifications are (profession/education) \_\_\_\_\_

The premises are located (address) \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



**ADDITIONAL INFORMATION NEEDED FOR APPLICATION TO MANUFACTURE  
MEDICINES**

1. The following shall be the key personnel in the manufacturing plant

Name	Qualification	Experience
Quality Control Pharmacist		
Production pharmacist		
Quality Assurance pharmacist		
Other		

2. The following are products intended to be manufactured (attached list showing name of product, active ingredient, strength and dosage form, include formulations and manufacturing process):

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3. The following are the equipment to be used (attach list showing the name, type and capacity of equipment):

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