**Regulation 114 (2)**

**Schedule XX**

**APPLICATION FOR RENEWAL OF LICENCE TO SELL THERAPEUTIC GOODS BY WHOLESALE**

I /We, ………………………………………………………of ……………………………………here by apply for licence to sell medicine by wholesale on premises situated at ………………………………………………………..

Name of the wholesale establishment:……………………..

Previous licence No.:………………………………………

**Part 1. Information about the location**

1.1 Address:……………………………………………………………………………………..

1.2 Medical Officer of Health (MOH) Division :……………………………………………….

1.3 Divisional Secretariat:……………………………………………………..

**Part 2. Business information** (check the box applicable):  
2.1 Type of business:   
 (i) Individual Name of business:…………………………………..

(ii) Body corporate Name of body corporate :…………………………..

(iii) Private limited company Name of company:…………………………………..  
   
 (iv) Particulars of Directors / Secretary /Owners……………………….

**Part 2. Details of the applicant**:  
2.1 (a) Name of applicant:………………………………  
 (b) Designation :…………………………………….  
 (c) National Identity Card No……………………….   
 (d) Mailing address:…………………………………..

(e) E-mail address …………………………………….  
 (f) Telephone No. ……………………………………

**2.2 Details of Responsible pharmacist** (a) Name of Responsible Pharmacist:………………………………  
 (b) Sri Lanka Medical Council Registration No. …………………………………….  
 (c) National Identity Card No ……………………….   
 (d) Mailing address:…………………………………..

(e) E-mail address …………………………………….  
 (f) Telephone No. ……………………………………

3. **Information about the wholesale business:** 3.1 Types of activities:

(i) Storage   
  
 (ii) Distribution (direct)   
   
 (iii) Distribution through agents (distributors)

Details of distributors:

|  |  |
| --- | --- |
| **Name of distributor** | **Geographical area covered** |
|  |  |
| 2. |  |
| 3. |  |

4. **Documents to be submitted with the application:**

1. Business Registration Certificate issued by the relevant Authority
2. An A4 size layout plan of the wholesale premises
3. Certificate of Registration of the responsible pharmacist issued by Sri Lanka Medical Council.
4. 3.5 cm X 4.5 cm size photograph of the Responsible Pharmacist

**Declaration**

I, the undersigned, certify that all information in this application for licence to sell therapeutic goods by wholesale on the above mentioned premises is true and correct.

I understand that I have the responsibility to inform the Authority with immediate effect of any change to the information provided in this application.

Signature:………………………………………………….

Applicant:…………………………………………………

Name :……………………………………………………..  
Designation:……………………………………………….

Date:…………………………