

Application No -

<b>Location change for Retail Pharmacy</b>			
<b>S.No</b>	<b>Check list of needed documents</b>	<b>Availability</b>	<b>For Office Use Only</b>
1	Application		
2	Declaration of owner		
3	Declaration of responsible pharmacist		
4	Copy of the SLMC certificate		
5	Copy of the degree certificate/diploma certificate/certificate of efficiency/certificate of proficiency		
6	Latest passport size (3.5cm x4.5cm) colored photographs - 2 pieces		
7	Copy of the previous license / Copy of latest payment receipt		
8	Request letter for relocation		
9	Layout Plan		
10	Scaled Google Map		
11	The related documents showing the ownership over the location		
12	Business Registration Certificate for previous location		
13	Address proof (If BRC doesn't contain the address of the Retail Pharmacy Premises)		
14	Acknowledgement		
15	Check List		
<b>Ownership change for Retail Pharmacy</b>			
1	Application		
2	Declaration of owner		
3	Declaration of responsible pharmacist		
4	Copy of the SLMC certificate		
5	Copy of the degree certificate/diploma certificate/certificate of efficiency/certificate of proficiency		
6	Latest passport size (3.5cm x4.5cm) colored photographs - 2 pieces		
7	Copy of the previous license / Copy of latest payment receipt		
8	Request letter for Ownership Change		
9	Copy of the deed of business transfer between the previous owner of the pharmacy and new owner		
10	The related documents showing the ownership over the location		
11	Copy of Business Registration Certificate (BRC) for new owner/owners and copy of previous BRC		
12	Address proof (If BRC doesn't contain the address of the Retail Pharmacy Premises)		
13	Consent letter from the responsible pharmacist of working with new owner/owners		
14	Copy of National Identity Card (NIC) or Passport of the new owner/owners		
15	Acknowledgement		
16	Check List		

Application No -

<b>Trade Name change for Retail Pharmacy</b>			
<b>S.No</b>	<b>Check list of needed documents</b>	<b>Availability</b>	<b>For Office Use Only</b>
1	Application		
2	Copy of the previous license / Copy of latest payment receipt		
3	Request letter for trade name change		
4	Copy of New Business Registration Certificate (BRC) for proposed trade name and Copy of previous BRC		
5	Address proof (If BRC doesn't contain the address of the Retail Pharmacy Premises)		
6	Declaration of owner		
7	Declaration of responsible pharmacist		
8	Copy of the SLMC certificate		
9	Copy of the degree certificate/diploma certificate/certificate of efficiency/certificate of proficiency		
10	Latest passport size (3.5cm x4.5cm) colored photographs - 2 pieces		
11	Acknowledgment		
12	Check list		
<b>Pharmacist change for Wholesale Establishment</b>			
1	Application		
2	Copy of the previous license / Copy of latest payment receipt		
3	Request letter for pharmacist change		
4	Copy of Business Registration Certificate		
5	Address proof (If BRC doesn't contain the address of the Retail Pharmacy Premises)		
6	Declaration of owner		
7	Declaration of responsible pharmacist		
8	Copy of the SLMC certificate		
9	Copy of the degree certificate/diploma certificate/certificate of efficiency/certificate of proficiency		
10	Latest passport size (3.5cm x4.5cm) colored photographs - 2 pieces		
11	Acknowledgement		
12	Check list		