



National Medicines Regulatory Authority

120, Norris Canal Road, Colombo 10, Sri Lanka.
Telephone: +94 112 698 896/7 Fax: +94 112 689 704 Email: info@nmra.gov.lk
Website: www.nmra.gov.lk

Declaration of the Owner/Applicant

I am the person applying to register
.....(*Name of the wholesale/ retail pharmacy*) on the premises situated at
.....
(*Address of the wholesale/ retail pharmacy*), described in this application and I hereby declare that I am or will be the person lawfully conducting a wholesale/ retail pharmacy at said premises within the meaning of NMRA act No.5 of 2015. I hereby undertake to notify NMRA if any change in circumstances made in it.

I confirm that I have read and undertake to meet the NMRA guidelines & regulations for registered wholesale/ retail pharmacy in respect of said premises (*The NMRA guidelines & regulations for registered pharmacies published by NMRA are available at www.nmra.gov.lk*).

I understand that I have a duty to inform the NMRA of any change in the service model of any of my wholesale/ retail pharmacy which will affect the registration status of the wholesale/ retail pharmacy for which I am responsible.

I understand that if the declaration is not completed to the satisfaction of the NMRA, the NMRA may refuse the application for registration.

I understand that if it is found that the information given in this application for registration is false or misleading, this may be treated as misconduct, which may result in removal the registration of the wholesale/ retail pharmacy.

Name:

Designation:

.....

Signature

.....

Date