

Retail Renewal – With Changes

A. Relocation

1. Duly filled “Retail Renewal Application Form”

- Make sure to select the correct application form-Form Number XVII ([Attach Annex 02](#))

2. Declaration forms

- a. Owner ([Attach owner declaration](#))
 - a. Responsible pharmacist ([Attach pharmacist declaration](#))
- Should be duly signed and dated.

3. Details of the responsible pharmacist

- a. Copy of the SLMC certificate
- b. Copy of the degree certificate/diploma certificate/certificate of efficiency/certificate of proficiency
- c. Latest passport size (3.5cm ×4.5cm) colored photographs - **2 pieces**
 - Photographs should be taken within six months.
 - Dress code must project the professionalism.

4. Copy of the previous license / Copy of latest payment receipt

5. Request letter for relocation

6. Layout Plan

- **Following areas should be clearly mentioned in the layout plan with scale**

- ✓ Parking area
- ✓ Entrance
- ✓ Patient waiting area
- ✓ Pharmacy area
- ✓ Extemporaneous preparation area (If applicable)
- ✓ Expired drug area
- ✓ Washroom area

7. Scaled Google Map

- Make sure to mark distances to every existing pharmacy within 100m radius of your proposed location and distance between proposed location and the previous location.

8. The related documents showing the ownership over the location

- Copy of lease agreement

Validity of the lease agreement should be a period of minimum three (3) years. And it should be between the property owner and the person who is owner of the proposed pharmacy.

OR

- **If the property is owned by relative** - Father, Mother, Wife/Husband, Children, Siblings only.
 - Copy of deed which the relative has gained the right of ownership to the said property.
 - Affidavit of consent for the use of said location can be accepted with the proof documents of relatedness.
- **If the property is owned by the owner himself,**
 - Copy of the deed which he/she has gained the right of ownership to the said property.

9. Copy of Business Registration Certificate for previous location

- If the business registration does not contain the address of the retail premises, Submit the documents for address proof. Eg; Latest electricity bill, water bill, tax assessment voucher etc. issued to said premises.

10. Acknowledgement ([Attach Acknowledgement](#))

11. Check list for Retail Renewal (With changes) ([Attach Annex 07](#))

B. Ownership Change

1. Duly filled “Retail Renewal Application Form”

- Make sure to select the correct application form-Form Number XVII ([Attach Annex 02](#))

2. Declaration forms

- a. Owner ([Attach owner declaration](#))
 - b. Responsible pharmacist ([Attach Pharmacist declaration](#))
- Should be duly signed and dated.

3. Details of the responsible pharmacist

- a. Copy of the SLMC certificate
- b. Copy of the degree certificate/diploma certificate/certificate of efficiency/certificate of proficiency
- c. Latest passport size (3.5cm ×4.5cm) colored photographs - **2 pieces**
 - Photographs should be taken within six months.
 - Dress code must project the professionalism.

4. **Copy of the previous license / Copy of latest payment receipt**
5. **Request letter for Ownership Change**
6. **Copy of the deed of business transfer between the previous owner of the pharmacy and new owner**
7. **The related documents showing the ownership over the location**

- Copy of lease agreement

Validity of the lease agreement should be a period of minimum three (3) years. And it should be between the property owner and the person who is owner of the proposed pharmacy.

OR

- **If the property is owned by relative** - Father, Mother, Wife/Husband, Children, Siblings only.
 - Copy of deed which the relative has gained the right of ownership to the said property.
 - Affidavit of consent for the use of said location can be accepted with the proof documents of relatedness.
- **If the property is owned by the owner himself,**
 - Copy of the deed which he/she has gained the right of ownership to the said property.

8. Copy of Business Registration Certificate (BRC) for new owner/owners

- With the new document, you need to submit the copy of previous BRC also. If the business registration does not contain the address of the retail premises, Submit the documents for address proof. Eg; Latest electricity bill, water bill, tax assessment voucher etc. issued to said premises.

9. Consent letter from the responsible pharmacist of working with new owner/owners

10. Copy of National Identity Card (NIC) or Passport of the new owner/owners

11. Acknowledgement ([Attach Acknowledgement](#))

12. Check list for Retail Renewal (With changes) ([Attach Annex 07](#))

C. Trade Name Change

1. Duly filled “Retail Renewal Application Form”

- Make sure to select the correct application form-Form Number XVII ([Attach Annex 02](#))

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

With the new document, you need to submit the copy of previous BRC also. If the business registration does not contain the address of the retail premises, Submit the documents for address proof. Eg; Latest electricity bill, water bill, tax assessment voucher etc. issued to said premises.

5. Declaration forms

- a. Owner ([Attach Owner declaration](#))
 - b. Responsible pharmacist ([Attach Pharmacist Declaration](#))
- Should be duly signed and dated.

6. Details of the responsible pharmacist

- a. Copy of the SLMC certificate
 - b. Copy of the degree certificate/diploma certificate/certificate of efficiency/certificate of proficiency
 - c. Latest passport size (3.5cm ×4.5cm) colored photographs - **2 pieces**
 - Photographs should be taken within six months.
 - Dress code must project the professionalism.
- 7. Acknowledgement ([Acknowledgement](#))**
- 8. Check list for Retail Renewal (With Changes) ([Attach Annex 07](#))**

D. Pharmacist Change

- 1. Duly filled “Retail Renewal Application Form”**
 - Make sure to select the correct application form-Form Number XVII ([Attach Annex 02](#))
- 2. Copy of the previous license / Copy of latest payment receipt**
- 3. Request letter for pharmacist change**
- 4. Copy of Business Registration Certificate**

If the business registration does not contain the address of the retail premises, Submit the documents for address proof. Eg; Latest electricity bill, water bill, tax assessment voucher etc. issued to said premises.

- 5. Declaration forms**
 - a. Owner ([Owner declaration](#))
 - b. Responsible pharmacist ([Pharmacist declaration](#))

- Should be duly signed and dated.

6. Details of the responsible pharmacist

- a. Copy of the SLMC certificate
- b. Copy of the degree certificate/diploma certificate/certificate of efficiency/certificate of proficiency
- c. Latest passport size (3.5cm ×4.5cm) colored photographs - **2 pieces**
 - Photographs should be taken within six months.
 - Dress code must project the professionalism.

7. Acknowledgement ([Attach Acknowledgement](#))

8. Check list for Retail Renewal ([Attach Annex 07](#))