

## **Wholesale Establishment Renewal – With Changes**

### **A. Relocation**

#### **1. Duly filled “Wholesale Renewal Application Form”**

- Make sure to select the correct application form-Form Number XX ([Attach Annex 04](#))

#### **2. Copy of the previous license / Copy of latest payment receipt**

#### **3. Request letter for relocation**

#### **4. Layout Plan**

- **Following areas should be clearly mentioned in the layout plan with scale**
  - ✓ Entrance
  - ✓ Quarantine area
  - ✓ Drug storing area
  - ✓ Expired drug storing area

#### **5. 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.

#### **6. 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.

#### **7. Copy of Business Registration Certificate for previous location**

#### **8. Declaration forms**

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

#### **9. Details of the responsible pharmacist**

- Copy of the SLMC certificate
- Copy of the degree certificate/diploma certificate/certificate of efficiency/certificate of proficiency
- Latest passport size (3.5cm ×4.5cm) colored photographs - **2 pieces**
  - Photographs should be taken within six months.
  - Dress code must project the professionalism
- Appointment letter from the company to responsible pharmacist clearly indicating the job description

#### **10. Letter of Authorization**

If,

- Local manufacturer - Copy of the valid GMP report
- Importer - Appointment letter as a local agent of a particular manufacturer
- Distributor- Copy of the authorization letters from manufacturer/importer appointing as the distributor of their products.

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

12. **Check list for Retail Renewal (With Changes)** ([Attach Annex 10](#))

## **B. Ownership Change**

1. **Duly filled “Wholesale Renewal Application Form”**

- Make sure to select the correct application form-Form Number XX ([Attach Annex 04](#))

2. **Copy of the previous license / Copy of latest payment receipt**

3. **Request letter for Ownership Change**

4. **Copy of the deed of business transfer between the previous owner of the pharmacy and new owner**

5. **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 wholesale establishment premises, Submit the documents for address proof. Eg; Latest electricity bill, water bill, tax assessment voucher etc. issued to said premises.

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

7. **Copy of NIC or Passport of the new owner/owners**

8. **Declaration forms**

- a. Owner ([Attach owner declaration](#))
- b. Responsible pharmacist ([Attach pharmacist declaration](#))

- Should be duly signed and dated

9. **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
- d. Appointment letter from the company to responsible pharmacist clearly indicating the job description

#### **10. Letter of Authorization**

If,

- Local manufacturer - Copy of the valid GMP report
- Importer - Appointment letter as a local agent of a particular manufacturer
- Distributor- Copy of the authorization letters from manufacturer/importer appointing as the distributor of their products.

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

12. **Checklist for Wholesale Renewal** (With Changes) ([Attach Annex 10](#))

#### **c. Trade Name Change**

##### **1. Duly filled “Wholesale Renewal Application Form”**

- Make sure to select the correct application form-Form Number XX ([Attach Annex 04](#))

##### **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 wholesale establishment 1 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
- d. Appointment letter from the company to responsible pharmacist clearly indicating the job description

## **7. Letter of Authorization**

If,

- Local manufacturer - Copy of the valid GMP report
- Importer - Appointment letter as a local agent of a particular manufacturer
- Distributor- Copy of the authorization letters from manufacturer/importer appointing as the distributor of their products.

## **8. Acknowledgement ([Attach Acknowledgement](#))**

## **9. Checklist for Wholesale Renewal (With Changes) ([Attach Annex 10](#))**

## e. Pharmacist Change

### 1. Duly filled “Wholesale Renewal Application Form”

- ❖ Make sure to select the correct application form-Form Number XX ([Attach Annex 04](#))

### 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 ([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
- d. Appointment letter from the company to responsible pharmacist clearly indicating the job description.

## **7. Letter of Authorization**

If,

- Local manufacturer - Copy of the valid GMP report
- Importer - Appointment letter as a local agent of a particular manufacturer
- Distributor- Copy of the authorization letters from manufacturer/importer appointing as the distributor of their products.

## **8. Acknowledgement ([Attach Acknowledgement](#))**

## **9. Check list for Wholesale Renewal ([Attach Annex 10](#))**