

Schedule XXI

APPLICATION FOR LICENCE TO TRANSPORT THERAPEUTIC GOODS FOR DISTRIBUTION

I/We,ofhere by apply for a licence to transport therapeutic goods

Part 1. Details of the applicant:

- 1.1 (a) Name of applicant:.....
- (b) Designation :.....
- (c) National Identity Card No.....
- (d) Mailing address:
- (e) E-mail address
- (f) Telephone No.

Part 2. Details of business

2.1 Sale of therapeutic goods by retail

Licence no. for sale of therapeutic goods by retail issued by the Authority:.....

2.2 Sale of therapeutic goods by wholesale

Licence no. for sale of therapeutic goods by wholesale issued by the Authority:.....

Part 3. Therapeutic goods intended to be transported.

- Biological Products
- Vaccines
- Medical devices
- Medicines

Part 4. Details of vehicles to be used in transport

Type of vehicles	Car	Van	Freezer truck
Vehicle registration number			
1.			
2.			
3.			

(Add more lines if necessary)

Declaration

I, the undersigned, certify that all information in this application for licence to transport therapeutic goods for distribution 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:.....