**Regulation 33 (2)**

**Schedule V**

**APPLICATION FOR LICENCE TO MANUFACTURE A REGISTERED MEDICINE**

I/ We, ……………of……………………hereby apply for a grant of a licence to manufacture the medicine specified below on premises situated at ………………………………………………………

Name of Medicine: ………………………….

Dosage form: ………………….…………….

* 1. **Details of manufacturing site**
  2. Name:
  3. Address:
  4. Telephone No:
  5. Email address:
  6. Fax No:
  7. **Other information submitted as annexes.**
  8. Copy of valid license issued by the Authority as a Licensed Manufacturer of Medicine   
     Submitted □ Not submitted □
  9. Copy of valid Certificate of Registration of the medicine: Submitted □ Not submitted □

Signed: ……………………………….

Regulatory Affairs Officer  
Name : ……………………………….

Date: …………………………………