**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: …………………………………