

CONFIDENTIAL

MEDICINES CONTROL AUTHORITY

MEDICINES AND ALLIED SUBSTANCES CONTROL ACT [CHAPTER 15:03]

**APPLICATION FOR THE RENEWAL OF A
WHOLESALE DEALER'S PERMIT OR A SALES
REPRESENTATIVE'S PERMIT**

(To be submitted in triplicate)

1. Type of permit held
 2. Name and address of applicant.....
.....
 3. Name of business on the premises
 4. Number of permit
 5. Location of premises +
 6. Name of business on the premises +
 7. Name of person(s) under whose supervision the premises will be
 8. Have any particulars contained in the original application for the permit or the application for the last renewal of the permit changed?
YES/NO*
If YES, give details
- Date

.....
Signature of applicant

**Delete the inapplicable*

+ Items 5, 6 and 7 must be completed by holders of wholesale dealer's permits.