FORM 8

(Reg. 16, 17, 18, 19, 20, 21, 22, 23, 25 and 64)

☐ Dispensary
☐ Wholesaler
☐ Trader
☐ Variation of License
☐ Renewal of License

☐ Standalone Pharmacy
☐ Group Practice Pharmacy

Reasons for variation

_____
_____
_____

Class of Medical Device to be handled:

Class A ☐ B ☐ C ☐ D ☐

Name of Company and Trade name

_____
_____
_____

Physical Address of Premises

_____
_____
_____

Authorised/Qualified persons Name and Qualifications

_____
_____
_____

Mobile Contact Number _____

Email Address _____

Date: _____ Signature: _____