



The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)

The Medicines and Allied Substances (Certificate of Registration) Regulations, 2017

APPLICATION FOR TRANSFER OF CERTIFICATE OF REGISTRATION			
	Shaded fields for official use only	Application No.	
		Date/Time	
<i>Information Required</i>	<i>Information Provided</i>		√
PART I – DETAILS OF CURRENT CERTIFICATE HOLDER			
1.	Name of Business		
	(a) PACRA Registration No.		
	(b) TPIN		
	(c) Physical Address:		
	(d) Postal Address:		
	(e) District:		
	(f) Province:		
	(g) Telephone:		
	(h) Fax Number:		
	(i) Mobile:		
	(j) E-mail:		
PART II – DETAILS OF PROSPECTIVE CERTIFICATE HOLDER			
2.	(a) PACRA Registration No.		
	(b) TPIN		
	(c) Physical Address:		
	(d) Postal Address:		
	(e) District:		
	(f) Province:		
	(g) Telephone:		
	(h) Fax Number:		
	(i) Mobile:		
	(j) E-mail:		
PART III – DECLARATION AND SIGNATURE			
I declare that all the information I have stated is correct and truthful to the best of my knowledge and belief.			
Particulars of the person signing on behalf of the Applicant			
	(a) Name:		
	(b) Designation:		
	(c) Signature:		
	(d) Date:/...../.....(dd/mm/yyyy)		
PART IV - ENCLOSURES			
Evidence of transfer between certificate holder and the prospective certificate holder			
FOR OFFICIAL USE ONLY			
Date of Submission:			
Application No.:			
Payment Receipt No.:			
Application Complete (Proceed for Evaluation):			
Application Deficient (Refer to applicant for additional information):			
			OFFICIAL STAMP