

Medicines and Cosmetics Act, 1999



LICENCE APPLICATION FORM

Form 1 (b)

A separate application must be completed for each licenses type.

Licence Type	Reg 2, 5-7	Reg 2, 8-12	Reg 2, 13-15	Reg 2, 19-23
	Wholesale	Import	Export	Manufacture
(Tick applicable)				
	Form 3	Form 7	Form 9	Form 11

To be completed by Applicant

Business Name			
Postal Address			
Telephone Number			
Fax Number			
Email Address			
Office Location (Lot.Sect.Suburb/Portion.Town/City)			
IPA Number (attach certificate copy)			
Person Responsible			
Position			
Qualification			
Type of Application		New () Renewal ()	
Fee Amount		Receipt Number	

I/We _____ hereby apply for Registration and agree to comply with all conditions in accordance with the Medicines and Cosmetics Act 1999 and its Regulations.

Signature: _____ Date: _____

Witnessed by: _____
 Commissioner for Oaths (Print Name)

Date Received:	
Application Number:	

Pharmacy Board Use Only

License Number:	
Date Issued:	
Date Renewed:	
Date of Inspection:	

Send to: Pharmacy Board of Papua New Guinea
 P.O.Box 807, Waigani, NCD
 Papua New Guinea
 Phone: (675) 3013886
 Fax: (675) 3231631

All fees must be made payable to the Pharmacy Board of PNG in cash/bank cheque under vote140/07 at Finance & Treasury cash office