

MEDICINES CONTROL AGENCY

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APPLICATION FOR LICENCE FOR REPACKAGING OF MEDICINES New licence Renewal Licence No. PARTICULARS OF APPLICANT Name of Entity Address **Contact Details** Telephone No. Email Website Name of Supervising Pharmacist Registration No: ITEMS TO BE REPACKED (Tick all as appropriate) Medicines for Human use Medicines for Veterinary use Attach the required documents **DECLARATION of APPLICANT** I, the undersigned, hereby declare that all information Official Stamp contained herein is correct and true. Name of Head or Owner of entity: Signature: Date: