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**MEDICINES CONTROL AGENCY**

Kairaba Avenue, K.S.M.D. Pipeline, The Gambia. Telephone: (+220)4380632, [www.mca.gm](http://www.mca.gm)

**Application for Licensing of Storage Facilities for Medicines and Related Products**

**New licence [ ]  Renewal [ ]  Licence No.**

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| **PARTICULARS OF APPLICANT** |
| Name of Applicant |   |
| Name of Facility |   |
| Type of Facility | Private □ NGO □ Government □ |
| Location (Physical Address)  |    |
| Contact Details | Telephone No. Email Website  |
| Name of Business Owner  |
| Name of Officer in Charge (if applicable)  |
| Name of Supervising Pharmacist (if applicable) Registration No:  |
| **For new Licences only** |
| Date of Incorporation of Company  |   |
| Business Registration number  |   |

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| **ITEMS TO BE Stored (***Tick all as appropriate***)** |
| For Human use **[ ]**  For Veterinary use **[ ]**  |
| **Medicines** Allopathic **[ ]**  Herbal **[ ]**  Homeopathic **[ ]** Biological **[ ]** Nutritional Supplement **[ ]**  |
| **Other products**Cosmetics **[ ]**  Medical Device **[ ]** Diagnostics **[ ]** Other **[ ]**  (please specify)  |
| **Attach the required documents**  |
| **DECLARATION**  |
| I, the undersigned, hereby declare that all information contained herein is correct and true. Designation of Business Owner or Officer in Charge:  Signature:  Date:   | Official Stamp |