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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.**

|  |  |  |
| --- | --- | --- |
| **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 | |  |

|  |  |
| --- | --- |
| **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 |