

**APPLICATION FOR AUTHORIZATION TO SELL OR DISTRIBUTE MEDICINAL  
PRODUCTS**

I/We..... hereby apply for grant/renewal of authorization to sell by Retail/Wholesale of medicinal products. (Circle whichever is applicable)

- i. Proposed name of the firm:.....  
Location: .....
- ii. Category of medicines(please tick the appropriate category);
  - a) Human modern/allopathic medicines
  - b) Veterinary
  - c) gSo-ba-rig-pa.
- iii. State the name of the Competent Person or the employee(s), who shall supervise the sale of medicinal products.  
Name(s): .....  
Competent Person Registration Number: .....

Application fee has been deposited to the Royal Government of Bhutan  
(Please submit a copy)

**Declaration (please tick the boxes):**

- ☐ I hereby declare that the documents submitted above/all information provided in the document above is true to my knowledge and will be liable for any consequences if any information provided is proved to be false or misleading.
- ☐ I declare that I have read the regulation and I am fully aware that my application may be rejected if I do not fulfill the conditions or contravene the provision(s) of the act and regulations made there under.
- ☐ If my application is granted, I shall abide by the Medicines Act and Regulations and any other standards set by the Authority.

Signature of applicant:  
Name, address, contact no:

Date:.....