

**APPLICATION FOR CHANGE OF OWNERSHIP/NAME
OF PHARMACY/COMPETENT PERSON/LOCATION**

I/we.....of.....(name of the firm) apply for (Tick the appropriate one):

Change of ownership of pharmacy

Change of competent person

Change of location of pharmacy
pharmacy

Change of name of

Sl. No	Existing Name	Proposed Name

Signature of
applicant: Name, address,
contact no:

Date: dd-mm-yyyy