



Form X
(Regulation 11(1))

**The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)**

The Medicines and Allied Substances (Certificate of Registration) Regulations, 2017

APPLICATION FOR DUPLICATE CERTIFICATE OF REGISTRATION						
Please complete in block letters	Shaded fields for official use only		Application No.			
			Date and Time			
Information Required	Information Provided					✓
PART I: PARTICULARS OF THE APPLICANT						
Name of Business:						
Address:						
(a) Physical Address:						
(b) Postal Address:						
(c) Province:						
(d) District:						
Contact details						
(a) Telephone No.:						
(b) Fax No.:						
(c) Mobile phone No.:						
(d) Email address:						
PART II: PARTICULARS OF PROPRIETOR(S)/DIRECTOR(S)						
No.	Full Names	Sex	Nationality	Residential Address	Date of Birth	NRC/Passport No.
1.						
2.						
3.						
4.						
5.						
6.						
PART III: REASONS FOR APPLICATION						
1.						
2.						
3.						
PART IV: SUPPORTING DOCUMENTATION						
Submit an affidavit of loss, destruction or otherwise of original certificate of registration						